3 June 2006

C+D

Chemist+Druggist
Weekly news for pharmacy
www.dotpharmacy.com

News: United Co-op buys 56-branch P Williams Chemists Ltd

News: Northern Ireland starts generic prescribing scheme to save £55 million

Interview: Kirit Patel on how the contract evolved and his views on its future

Cover story: We profile the award-winning Focus Pharmacy and Optics

See page 15

In-crease comfort

Nothing beats Canesten Hydrocortisone for treating sweat rash (Candidal Intertrigo). In fact, it's the UK's top selling OTC antifungal and hydrocortisone combination treatment.[1] The triple action formula provides rapid relief not just for active people, but also the overweight and those who sweat heavily. Antifungal and antibacterial* ingredients wipe out the cause, while anti-inflammatory hydrocortisone soothes the symptoms. So recommend the name you trust, and stop the misery of sweat rash.

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Product Information for Canesten® Hydrocortisone
Presentation: ***Canesten® Hydrocortisone*** cream contains 1% w/w clotrimazole and 1% w/w hydrocortisone. **Indications:** Athlete's foot and candidal intertrigo where co-existing symptoms of inflammation require rapid relief. **Dosage and Administration:** Apply thinly and evenly twice daily and rub in gently for a maximum of seven days. **Contra-indications:** Use on face, eyes, mouth or mucous membranes; broken or large areas of skin; cold sores or acne; for treatment periods longer than seven days; hypersensitivity to ingredients. Only if prescribed by doctor: children under 10 years; pregnancy and lactation; on ano-genital area; to treat ringworm or secondarily infected skin conditions. For hydrocortisone component: any untreated bacterial skin diseases, chicken pox, vaccination reactions, perioral dermatitis, viral skin diseases (e.g herpes simplex, rosacea, shingles). **Warnings and Precautions:** The cream contains cetostearyl alcohol, which may cause local skin reactions (e.g. contact dermatitis). Long-term continuous therapy to extensive areas of skin should be avoided. Avoid covering treated area with tight dressing. **Side-effects:** Rarely local mild burning or irritation immediately after use. Hypersensitivity reactions may occur. After use on large areas and/or after long-term use or use under occlusive dressings, skin atrophy, teleangiectasis, hypertrichosis, striations, hypopigmentation, secondary infection and acneiform symptoms may occur. **Cost:** £2.15. **MA Holder:** Bayer plc, Consumer Care Division, Newbury, Berkshire RG14 1JA. **Product Licence Number:** PL 0010/0216. **Legal Category:** P. **Date of Preparation:** October 2005. ® = Registered trademark of Bayer AG.

Reference: 1. IRI Unit Sales MAT, 18 Feb 2006. Bayer UK.

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C+D

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www.dotpharmacy.com

New (medium packaging — now much clearer than this note.

Cover picture: Nilesh Sangui and the Platinum Award winning Focus Pharmacy

United Co-op buys the 56-store P Williams chain

Retailing Ambitious plans underway to acquire 300 stores by the end of the year

Max Gosney

United Co-op has bought the 56-strong P Williams pharmacy group as part of a £200 million bid to double its pharmacy portfolio by 2007.

The deal, agreed for an undisclosed fee, signalled the opening stage of United Co-op's plans to acquire 300 pharmacies by the end of this year, said John Nuttall, the company's general manager.

"It's the largest acquisition the company has ever made and forms part of our ambitious plans. Following the acquisition we have 230 pharmacies and will look to reach 300 by the end of the year," he said.

United Co-op would look to invest in the P Williams portfolio, which includes a wholesaling business, three photo world outlets and a world of babies store, said Mr Nuttall.

The company had "no immediate plans" to rebrand the north-west based business, which has an annual turnover of around £50 million, stressed the United Co-op chief.

"We're looking to retain the business in its current form. There may well be sites that are left with the P Williams branding for some time," he said.

United Co-op said it would seek to retain around 600 P Williams employees.

The sale ends almost 80 years of independence for Nantwich-based P Williams. Steven Williams, managing director at the company, said: "United Co-op share the same ideals as we do of being good and caring employers. They are taking over a thriving business and they will, I am confident, ensure its continued success."

Mr Williams was unavailable for comment on his future plans as C+D went to press.

United to do the double?

2003 – United Co-op formed from the merger of United Northwest and Yorkshire societies. Company operates 129 pharmacies.
March 2006 – United Co-op reveals a 15.3 per cent increase in sales from its healthcare division to £152 million in 2005. Pledges a £200m war chest for pharmacy expansion.
May 2006 – Buys 56-strong P Williams pharmacy group to take pharmacy tally to 230.
Dec 2006? United targets 300 pharmacies.

Pharmacist awaits RPSGB web verdict

Practice Remote system is a viable option

A St Helens pharmacist is waiting on a verdict from the RPSGB before pressing forward with a web-based remote dispensing system.

Andrew Gande, superintendent pharmacist at Taylor's Pharmacy in St Helens, presented information in April to the Society, which has yet to respond.

Development pharmacist Richard Hutton said the team were eagerly awaiting the result of the Society's deliberation. He added: "We would be nearly ready to move with this. It is a viable option."

The system is based on a ROWA Speedcase automated picking robot from ARX, linked to the PMR system. Pharmacists can authorise the dispensing of drugs and production of labels via the internet using a secure virtual private network. **TH**

RPSGB inspectors need more power to deal with complaints

Practice Many of the 874 complaints about pharmacists in 2005 were trivial, says chairman of the PDA

Eyes front at the RPSGB's 165th annual general meeting last Wednesday at the Queen Elizabeth Conference Centre in London

Gary Paragpuri

The Royal Pharmaceutical Society's inspectors should be given more authority to deal with minor complaints against pharmacists to cut the number being referred to its disciplinary committees.

Many of the "staggering" 874 complaints made to the Society about pharmacists in 2005 were trivial, Mark Koziol said at a discussion session prior to last Wednesday's RPSGB annual general meeting.

The Society has a good record in dealing with complaints but, as pharmacists can wait up to nine months for a disciplinary hearing, it needs to consider the impact on pharmacists, on its costs, and what demonstrable benefit there is to the public, said Mr Koziol, who is also chairman of the Pharmacists' Defence Association.

But Mandie Lavin, the Society's fitness to practise and legal affairs director, argued that the Society's system had "transparency and openness" and warned: "We don't want adjudicating by the back door."

Pharmacist and PDA director John Murphy said pharmacists and Council members were being undermined by "vexatious and frivolous" complaints.

People with a "political axe to grind" can make complaints against Council members with no repercussions if the allegation is found to be groundless, Mr Murphy said. He called on Council to put mechanisms in place so that those who make such complaints face paying costs or a professional misconduct charge.

Key facts from the AGM

- The RPSGB believes the premises fee is too low and does not cover the Society's costs. It is in talks with the DH about increasing it.
- Costs associated with closing Birdsgrove House are £790,000. The Society hopes to complete the sale of the property by the end of the year, while the contents will be auctioned in August.
- The Society is conducting an internal audit of Council members' expenses.
- The Society expects to spend £1m on refurbishing its Lambeth headquarters in 2006. The property had a market value of £10.5m in 2004.
- Hemant Patel to seek re-election as president.
- A motion calling for Council members to implement "ethically high" standards of behaviour was passed.

Allen Tweedie and Kay Roberts were presented with the RPSGB's 2006 silver and gold Charter medals respectively at the Society's annual general meeting last week. Mrs Roberts was awarded her medal in part for her international work on harm reduction, while Mr Tweedie was commended for his work with the Pharmaceutical Profession Leadership Group

Students without pass marks can still enter pre-reg training

Education RPSGB says final year students can go on despite teaching dispute

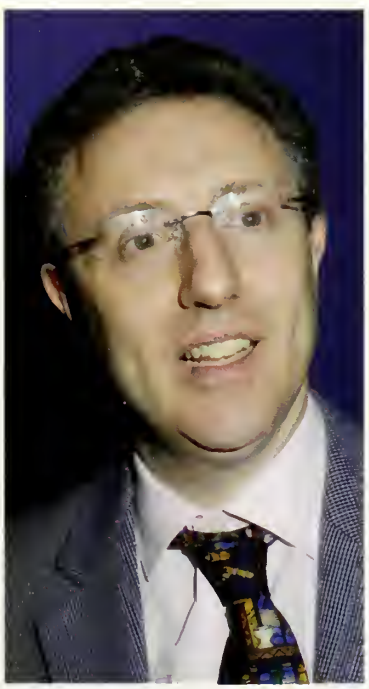
Pharmacy students left with unmarked papers because of a strike by teaching staff will still be granted access to pre-reg training.

Final year students that have completed all assessments but whose papers have not been marked, or where marks have been withheld, will be able to progress pending confirmation of their results, the RPSGB has said.

Any students that subsequently discover they have failed will be asked to withdraw from the course.

The guidance follows an exam boycott by members of the Association of University Teachers and National Association of Teachers in Further and Higher Education since March 8 as part of a pay dispute. David Packham of Aston University, where students for one set of papers face having marks withheld, said the RPSGB measures could mean fewer undergraduates progress to pre-reg if the dispute continues.

The National Pharmacy Association also expressed concern at the guidance. Pharmacy business manager Raj Nutan said: "What happens to the pre-reg grant? At this late stage it will be extremely difficult to find another pre-reg student. Also, who will compensate our members for investment in books etc?"



Graham Phillips: Lambeth is open to suggestions

Graham Phillips, the RPSGB's education committee chairman, said that Lambeth would be prepared to listen to suggestions from pharmacy schools to establish how learning assessments could be completed if resolution could not be reached. However, he emphasised that public protection was the Society's primary concern and that the two were "difficult to juggle".

The Society wrote to all vice-chancellors and principals in April warning them of the impact of the strike on progression to pre-reg training. It is monitoring the impact of the industrial action at each school of pharmacy.

Students can begin training at any point between July 1 and November 17 but must commence before August 18 to qualify for the registration exam being held on June 29, 2007.

In a statement, the Society said it "hopes the dispute can be resolved as soon as possible to alleviate the inevitable anxiety it must be causing students at the moment".

For more information contact Christine Martin on 020 7572 2267 or christine.martin@rpsgb.org **TH**

News in brief

Merger given OFT nod

The Office of Fair Trading has approved Boots's merger with Alliance UniChem after the retailer agreed to sell 96 pharmacies.

OFT director Vincent Smith said: "Boots has offered undertakings which address the OFT's concerns that in certain areas of the UK consumers may suffer a reduction in the quality or level of pharmacy services. We will not be referring the proposed acquisition to the Competition Commission."

Boots said it planned to sell the sites within the next 18 months, and will seek shareholder support for its merger plans this summer.

PSNI fees go up

A new fee structure for the Pharmaceutical Society of Northern Ireland came into effect on June 1.

The full-time member fee increased to £285, the overseas member fee to £135, members aged 65 years and over are required to pay £108, and members aged 70 years and over £49. In addition, the cost of restoration to the Register has gone up to £104.

BAPW takes stock

The British Association of Pharmaceutical Wholesalers has initiated a task force to improve communication between manufacturers, wholesalers and pharmacists in an effort to minimise disruption caused by out of stock products. Technical director Tony Garlick said the BAPW was looking to formalise a project group over the next month that will work with manufacturers to help manage patient expectations.

Co-op error system

Co-operative Group Pharmacy has rolled out a dispensing incident report system to all of its 360 stores.

Developed by project process specialist Logical Minds, the secure system allows errors and near misses to be logged, tracked and analysed to identify recurring problems and prevent repeated mistakes.

NPA warns against 'one size fits all' regulation

NPA Section 60 order must strike a balance, says chief executive

Gary Paragpuri

Government plans to reform the regulation of health professionals should not lead to a "one size fits all" model of regulation, the NPA has warned.

Instead, "due recognition and regard" should be paid to the way pharmacy has regulated itself in the past, chief executive John D'Arcy believes.

The government's Section 60 order proposes a range of measures that will increase the Royal Pharmaceutical Society's regulatory powers, but any new fitness to practise machinery must maintain a "sense of proportionality", according to Mr D'Arcy.

"The order has to strike a balance between ensuring a safe and quality service to patients, and allowing pharmacy contractors to be able to do their job," Mr D'Arcy told C+D.

The proposed regulatory reforms in the DH's Section 60 order were discussed at last week's NPA board meeting.

NPA concerns over Section 60 order:

- Technicians: registration should be on a voluntary basis.
- Practising/non-practising register for pharmacists: the order's definition of practising is too narrowly drafted and relates to pharmacists in contact with patients, whereas the RPSGB's definition is broader and encapsulates all existing pharmacist roles.
- The link between registration as a pharmacist and membership of the RPSGB: the NPA believes the link should be broken as the order is about regulating pharmacy in the context of a safe and quality service – registration as a practising pharmacist should be evidence that the pharmacist is fit to practise, and this position is not affected by membership of the Society.
- The inclusion of an "attitudes and behaviour" criteria for pharmacy graduates: controls must be put in place to ensure a balance between fair regulation and protecting a person's civil liberties.

Sheffield MUR funds warning

Practice £500,000 underspend predicted

Sheffield pharmacists could lose around £500,000 if they fail to speed up their medicines use review (MUR) service, the region's local pharmacy committee (LPC) has warned.

Local contractors should adopt a "use it or lose it" approach to funding set aside for the advanced service, the LPC has urged.

Primary care trusts "are not obliged to leave unspent MUR funds in the pharmacy budget", the LPC said in its latest newsletter.

At current levels, contractors would carry out around 6,000 MURs in 2006, the LPC has predicted. The tally would secure pharmacists only a third of the money set aside for the advanced service. MUR quality must not be compromised, as pharmacists look to speed up the service, the LPC stressed. An "over zealous" approach to MURs could compromise relations with local GPs, it warned. **MG**

PSNI president Brendan Kerr (centre) presented fellowships to Sheelagh Hillan and Sean O'Hare at last Friday's PSNI dinner in Belfast

Members to inform vision

RPSGB Consultations will shape Pharmacy 20:20

The Royal Pharmaceutical Society's vision document is to be informed by a number of consultations with members.

Outlining the first phase of the Pharmacy 20:20 process, RPSGB practice and quality improvement director David Pruce said a project team was looking to "prepare the profession" by raising awareness of issues currently affecting pharmacy. The Society was also looking to conduct a number of consultations on the future of the profession, education and the code of ethics, and will run roadshows, he said.

"We need to get the profession involved if it's going to work," Mr Pruce said. He added that Pharmacy 20:20 needed to meet the expectations set by the strategy document Pharmacy in a New Age, developed in 1995. The success of that work – all its aims are reflected in government policy – was because it "wasn't the Society's or Council's vision, but was where the profession wanted to be", explained Mr Pruce.

Ballot paper mix-up cost Society £22,500 to rectify

RPSGB Council hears that human error led to 'very unfortunate' election ballot paper mix-up

Fiona Salvage

Human error in the IT department was to blame for the RPSGB Council election ballot paper fiasco, which cost £22,500 to rectify, Council heard last week.

Secretary and registrar Ann Lewis called the incident "very unfortunate" and explained steps had been taken to ensure the error was not repeated. The test data supplied by the IT department was checked and correct, but when the full data was sent out both pharmacist and technician lists were included by mistake, Ms Lewis told Council. Technicians were not eligible to vote as the only vacancies were pharmacist positions. Once the error was discovered, immediate action was taken to issue new ballot papers and alert the membership.

Ms Lewis said members had been aware of the revised papers following widespread coverage in the pharmacy press, and that it had not affected the number of ballot papers returned.

Council member Jonathan Buisson called the £22,500 "an expensive way to buy coverage for the election" and said the mistake "could and should have been avoided", as the different voting cycles (pharmacist-only, pharmacist and one technician place, full election) had been in place for some time.

He concluded the mistake had reinforced members' views that the Society "couldn't organise a drinking event in a brewery".

Ann Lewis: mix-up did not affect voting

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Local contractors fall foul of health super centre

Practice Pharmacies under threat but DH says local healthcare provision will improve

Pharmacies in Barking and Dagenham are under threat from the opening of an NHS health centre.

Local contractors are set to suffer when the project, which includes an extended hours GP practice and walk-in centre, launches this July, the North East London Local Pharmaceutical Committee has warned.

Alan Castell, vice-chairman of the organisation, said: "The Broad Street centre will not be seeing new patients, they will be drawn from existing lists. If GP surgeries close as a consequence, this would also put local pharmacies at risk. The development of new pharmacy services might also slow down."

However, the project will boost healthcare access for patients in the region, claims the Department of Health. Health minister Lord Warner said: "We made it quite clear that where NHS patients could not rely on existing GP practices to provide them with a good standard of service, we would turn to new providers. This new competition can only be good news for NHS patients."

The centre will be run by private healthcare firm Care UK under a contract with Barking & Dagenham Primary Care Trust. Similar contracts in five other areas with poor access to GP care, including Hackney, Liverpool, Lancashire, Plymouth and Yorkshire, are close to agreement with private and voluntary providers. **JE**

NPSA issues high strength opioids warning

Practice Don't get caught up in CD paperwork

The National Patient Safety Agency has urged pharmacists to ensure they understand the rationale behind prescriptions for high strength morphine and diamorphine.

David Cousins, NPSA safe medication practice head, said it was important that pharmacists didn't get so caught up in controlled drug paperwork that they put clinical safety to one side. They needed to ensure they asked whether the patient had had the drug before, how it was being administered, and what it was being used for, he recommended.

Professor Cousins' comments came after the NPSA issued a notice highlighting seven deaths that occurred between 2000 and 2005 following the administration of high dose morphine and diamorphine to opiate-naïve patients. Between January and October last year, the NPSA received 16 reports of similar incidents, two of which were fatal.

The NPSA has asked all NHS organisations to put in place safety measures to prevent future errors. Similar packaging of different drug strengths, failure to separate low and high strength preparations when stored in both primary and secondary care, and insufficient understanding of the issues by healthcare staff have been identified as the major risks.

Further information about the issue is available on the NPSA website at www.npsa.nhs.uk

Dr Brian Gibbons (centre) shows off a facsimile of the new card flanked by Ian Lucas MP for Wrexham (left) and pharmacist Glen Thompson

Script savings backed in Wales

Wales Welsh Assembly introduces entitlement card

Welsh pharmacists have backed a card scheme that aims to make available to local patients using English GPs the country's low cost prescription prices.

During a visit to pharmacies in Wrexham and Shotton, health minister Dr Brian Gibbons received support for the entitlement card system, which the Welsh Assembly plans to introduce in the next three months.

Glen Thompson, pharmacy manager at Rossett Pharmacy, Wrexham, said: "This has been a bone of contention, particularly among residents in the village of Holt, which is split by the River Dee, placing some residents in England and others in Wales.

"The Welsh Assembly Government has quickly come up with an elegant solution that will not upset residents."

News in brief

Update MCQ

This week's issue contains the questionnaire for the following Pharmacy Update modules carried in May: adherence part 2 (1368), amorolfine for nail infections (1369) and osteoporosis (1370).

Pharmacy Update is a distance learning programme accredited by the College of Pharmacy Practice, with MCQs and a telephone marking service supported by Genus Pharmaceuticals. Previous modules are available at www.dotpharmacy.com. For more information, telephone Pauline Sanderson on 01732 377269.

SPGC

Scotland addresses new contract

In the first of a series of Q&A columns by SPGC on Scotland's new pharmacy contract, SPGC's Alex MacKinnon offers a brief introduction to the new services.

The contract has four core services: minor ailments (MAS), public health (PHS), chronic medication (CMS) and acute medication (AMS).

It is vital that there is an understanding and recognition of the opportunities that the contract presents to pharmacists and to the people of Scotland. It delivers the foundation for the future development of community pharmacy and allows pharmacists to provide better access to care, improve people's health and meet patients' pharmaceutical care needs.

By building on professional skills and improving clinical focus via high quality services, pharmacists will play an increasingly important role in improving people's health in a modernising NHS.

The contract gives pharmacists the opportunity to practise as true healthcare practitioners, meeting patients' pharmaceutical care needs, while retaining the medicines supply function.

It will position pharmacists as clinical practitioners, improve clinical outcomes, reduce medicines misadventure and iatrogenic disease. It will also establish pharmacists as prescribers through the delivery of the MAS, the urgent supply PGD, and supplementary (and eventually independent) prescribing, as the CMS becomes a reality.

The contract also evolves the pharmacists' role as public health practitioners. Pharmacy will be a focal point for the delivery of key health messages and health improvement campaigns. The PHS will enable pharmacists to offer opportunistic interventions to promote health and encourage people to take a more proactive approach to self-care.

The first two core services, MAS and PHS, start on July 1, 2006. Next week: minor ailments service Q&A part 1.

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Ref * IRI Consumer retail sales data 2005 [illegible] brand chemist weekly treatment weeks; week 13 to week 32

Generics focus to slash £55m from NI drug bill

Campaign initiative encourages prescribing of cost effective generic drugs

Doctors in Northern Ireland are being urged to prescribe a higher proportion of generic drugs as part of a campaign to cut the province's drugs bill by £55 million.

Health minister Paul Goggins launched the 'Go Generic' initiative on behalf of the Department of Health, Social Services & Public Safety on May 30. The minister was briefed on the role of pharmacists in the campaign by Sheelin McKeagney, chairman of the Pharmaceutical Contractors Committee, and committee member Michael Guerin.

'Go Generic' promotes the prescribing of non-branded medicines in all appropriate circumstances. The policy extends to situations where generics are not currently available in order to encourage the use of generics when branded products come off patent.

But the Association of the British Pharmaceutical Industry said the campaign singled out the drugs bill and ignored the major clinical benefits offered by more modern, branded medicines.

During 2004-05, 26.23 million items were dispensed in community pharmacies in Northern Ireland at a cost of £341m. Generic prescribing rates in the region are lower than in the UK, which at up to 80 per cent are among the highest in Europe. **TH**

Charles Butler, chairman of the College of Pharmacy Practice, was presented with the MBE by the Prince of Wales at Buckingham Palace last Friday, in recognition of his role in the college and for his service to the NHS

Epilim patients to take manufacturer to court

Legal Patients claim their children have suffered following foetal exposure

Patients who took sodium valproate while pregnant are preparing to take the world's third largest drug maker to court, claiming their children have suffered.

Solicitor David Body of Sheffield law firm Irwin Mitchell said he was acting for 140 clients, all of whom were looking to file liability claims against Epilim manufacturer Sanofi-Synthelabo Ltd (now sanofi-aventis). Mr Body said there is a deadline of October for any more cases to come forward, and that a trial date of October 2008 had been set.

The mothers are claiming their children suffered a range of problems following foetal exposure to the anti-epilepsy agent, including neural tube defects, behaviour problems and neurodevelopmental delay. Mr Body stressed that no allegations of negligence had been made. **AF**

Teva cuts 70 after Ivax merger

Industry Jobs gone in overlapping business areas

Generics manufacturer Teva has revealed that 70 jobs have been cut in the UK following its £3.9 billion amalgamation with major rival Ivax.

The generics manufacturer made the cuts in overlapping business areas. At the same time it has expanded its sales force to provide pharmacists with more personalised support for areas of the new contract.

Managing director John Beighton said Teva's territory managers would be expected to provide guidance on the processes surrounding ETP and MURs. He added that they should be able to discuss initiatives to increase MURs, the key influencers in PCOs and the best routes for accreditation.

Teva suffered losses of £536m in the first three months of the year after writing off the exceptional costs of R&D following the merger. The losses came despite a 28 per cent increase in sales. **TH**

News in brief

Product discontinuations

A number of pharmaceutical companies have announced plans to discontinue certain lines.

Pfizer is withdrawing Feldene 10mg and 20mg dispersible tablets, Co-Betaloc and Sinequan 50mg capsules.

The company expects stocks of Sinequan to be exhausted next month, Co-Betaloc in July and Feldene dispersible in August.

GlaxoSmithKline will stop supplying Ventodisks from the end of September. The company says its decision has been prompted by the possibility of an influenza pandemic and global demand for treatments.

Galderma will be discontinuing Silkis ointment 30g from July 1. The 100g pack will remain available.

Flynn Pharma has said that supplies of Seconal Sodium 100mg capsules (secobarbital sodium) are likely to run out soon. The expiry date of existing stock is the end of June, and replacement packs will not be available for a number of months. The company recommends using 50mg packs as a substitute.

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Imigran Recovery 50 mg Tablets (sumatriptan) Product Information. Uses: Acute relief of migraine attacks. Ensure clear diagnosis. **Dosage:** *Adults 18-65 years only:* 50 mg as soon as possible after onset of migraine headache. Repeat dose ≥2 hours after first if symptoms recur. Do not take second tablet if no response to first. **Contraindications:** Prophylaxis. Hypersensitivity to constituents or sulphonamides; concurrent treatment with MAOIs, ergots, other triptans; myocardial infarction, ischaemic heart disease, symptoms/signs consistent with ischaemic heart disease, coronary vasospasm (Prinzmetal's angina), arrhythmias, peripheral vascular disease; stroke or transient ischaemic attack; hypertension; hepatic or renal impairment; history of seizures, lowered seizure threshold; hemiplegic, basilar or ophthalamoplegic migraine. **Precautions:** First migraine after age 50, assess risk factors for cardiovascular disease, typical headache >24 hours, atypical symptoms, taking combined oral contraceptive pill, pregnancy or breast feeding. **Interactions:** MAOIs, ergots, SSRIs, tricylic antidepressants, St John's wort. **Side effects:** *Common:* pain, tingling, heat, heaviness, pressure or tightness affecting any part including chest and throat; may be intense, usually transient. Dizziness, drowsiness; nausea, vomiting. Feelings of weakness, fatigue. *Very rare:* hypersensitivity reactions, seizures, nystagmus, scotoma; visual disturbances; cardiovascular disturbances including bradycardia, tachycardia, palpitations, arrhythmias, ischaemias, coronary artery vasospasm, myocardial infarction, hypotension, Raynaud's, ischaemic colitis. **Legal category:** P. **Product licence number:** PL 00071/0455. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 2 tablets £7.99. **Date of preparation:** April 2006. **Imigran** is a registered trade mark of the GlaxoSmithKline group of companies.

References: 1. Goadsby PJ, Lipton RB, Ferrari MD. N Engl J Med 2002; 346(4): 257-270. 2. Humphrey PPA. Cephalalgia 2001; 21 Suppl 1: 2-5.

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Bruce plans to play his cards right

Retailing Morrisons' pharmacy chief Bruce Pimlott is getting ready to up the stakes on the supermarket firm's pharmacy offer

Bruce Pimlott: committed to improving the future of pharmacy

Max Gosney

Morrisons has put on a professional poker face over its pharmacy service since its purchase of Safeway in March 2004.

However, having completed the rebranding of its 83-strong portfolio, the supermarket group is now ready to get flush, says Morrisons pharmacy chief Bruce Pimlott. "We need to raise our profile because we are seen as the new kids on the block. But at the same time we want to ensure our operation is running smoothly before courting publicity."

Mr Pimlott, a qualified pharmacist who spent 30 years at Boots, sums up his nine-month stint at Morrisons as one of stability. "So far we've made steady progress and that's something I'm proud of. I don't think it would have been right for me to change everything overnight." But, he adds, the pharmacy division is now poised for change. "I am keen to expand and give us more impact. Looking ahead I want the Morrisons name to be more visible in the pharmacy community and with the general public."

The retailer will add around 70 sites by 2009 as it looks to shore up its pharmacy portfolio, reveals Mr Pimlott. Yet success will be more than a simple measure of size, says the Morrisons chief. "I don't think it should be about numbers. We want to develop a range of services that satisfy patient needs."

> It's a competitive environment where we are challenging other healthcare workers

Pharmacies will promote a pragmatic approach to the possibility of introducing healthcare services, says Mr Pimlott. "I don't believe you should develop services just for the sake of it. They should be developed to meet the needs of the customer."

Morrisons' reluctance to rush its medicines use review (MUR) quota is evidence of the holistic approach to its healthcare business, claims Mr Pimlott. "If it's evident that a patient is struggling with medication, that provides a great opportunity for an MUR," he says. "But the profession should not prey on patients because of numbers. I don't think 250 MURs per pharmacy is difficult to do, but I'd rather our pharmacists did the right thing."

Recruiting and retaining the right pharmacists will also play a part in the Morrisons masterplan, adds Mr Pimlott. "We made a successful effort to retain every Safeway pharmacist after the takeover. We have some great young pharmacists coming through, but I'd like to reduce the number of locums that we use."

With the staffing structure secure, the next step will be looking to gain the go-ahead from primary care trusts to launch healthcare services. "So far they've been slow to commission essential services," he reflects. "But we have plenty of evidence that if you approach PCTs with a sensible idea they will find the money." Contractors must come out fighting in the face of reports of NHS organisations deeply in debt, explains the Morrisons chief. "Some PCTs will struggle over funding and that's the challenge to pharmacy. We should not shy away from that. It's a competitive environment where we are challenging other healthcare workers."

Part of the profession's current problems are due to a lack of self-promotion, claims Mr Pimlott. "I don't think the public are aware of the new contract and the work that pharmacists now do. As a community of pharmacists we have failed to get that message across." It is integral for pharmacy's many factions to forget old rivalries and address the issue, urges the Morrisons chief. "No one organisation or company can do this by themselves. We all believe passionately in pharmacy so surely we can work to improve its future?"

Bruce Pimlott on...

Future of independents

"I think numbers will reach a natural balance. Many independents retire and sell their sites on to multiples. That's the nature of pharmacy."

Practice based commissioning

"Pharmacists can sit on the sidelines and whinge. But they don't have a divine right to exist. The profession has to influence the people who make decisions. If we involve and engage with GPs it will be good for us."

Boots Alliance-UniChem merger

"I believe it will strengthen pharmacy. I don't think it will disadvantage community pharmacists trading near Alliance stores. The Boots brand doesn't have the pull of old."

Supermarkets and pharmacy

"Supermarkets will grow their stake in pharmacy, but at the expense of which other operators is difficult to say. It's more likely to be independents, but other high street operators will also lose."

"Help me choose a blood glucose meter?"

In next week's C&D

A new NPA approved training module: Diabetes education for pharmacy support staff

Learn the essentials about diabetes, its treatment, blood glucose monitoring, and which blood glucose meters might suit which customers.

Complete the module and answer the quiz correctly to receive a certificate as part of your continuing education and maybe **win one of 2 SPA Breaks.**

Module prepared as a service to retail pharmacy by Abbott Diabetes Care

C&D next week -

10th June. Don't miss it.

Abbott Diabetes Care

From little acorns . . .

Just one of the 14 motions put forward was rejected by the RPSGB's branch representatives meeting

Asha Powells

The British Pharmaceutical Students' Association put two motions to last week's annual Royal Pharmaceutical Society's branch representatives meeting. But, as the proposals stood, neither was passed by delegates.

The first, proposed by Alastair Williamson from the BPSA, suggested that management training should be incorporated into pharmacy undergraduate courses. Mr Williamson stressed that this didn't mean just understanding how to run a business, but included skills such as team working, self-management and leadership.

BPSA members had reported that their respective Schools of Pharmacy differed in their offerings – from compulsory modules for all students to none at all – and wanted consistency across MPharm providers, he said.

James Johnson, Glasgow & West of Scotland Branch, said he sympathised with the motion, but as an academic pharmacist he could not support it. Describing the MPharm syllabus as "significantly crowded", he said it would be "extremely difficult" to find time to teach management skills, particularly as the subject was so diverse. "It's just not practical," he concluded.

Despite Mr Williamson countering that the BPSA wouldn't have considered putting the motion forward if current undergraduates felt there wasn't time in the syllabus, the meeting rejected the proposal.

However, Graham Phillips, chairman of the Society's education committee, said the issue was being considered as part of the RPSGB's Fit for the Future review of pharmacy education and training.

Branch representatives voted in favour of making BPC affordable to grassroots pharmacists

The BPSA's second motion called for the Society's Code of Ethics to include a professional obligation for pre-registration tutors "to take on and train a pre-registration student for the stated training period". The BPSA's Gautum Paul proposed the motion, pointing out that it would assure students that they would receive their full training, except in extenuating circumstances.

But Averil Basey, Manchester, Salford & Trafford Branch, said trainees had to realise their tutors had careers of their own. This proposal would unfairly stop tutors applying for other jobs or accepting secondments when to do so might not even jeopardise the pre-registration training they were providing, she said.

Heather Elliston, South East Metropolitan Branch, agreed, saying that the tutor could fall ill, become pregnant or want to change jobs. And the wording of the motion meant that tutors could feel obliged to take the same annual leave as their students, she added, suggesting a rewording.

Mr Paul said he was unable to change the proposal without the mandate of BPSA members. However, he agreed to withdraw the motion after RPSGB president Hemant Patel gave his assurance that both the Council and Society's education committee would look at the issue.

The remaining branch motions were all carried by meeting delegates, including:

- The Society to actively promote the status and availability of pharmacy medicines as a class, rather than referring to both GSL and P drugs as OTC products (South Cheshire).
- Pharmacists should refer to their premises as "a pharmacy" rather than a store or shop to promote the profession (Edinburgh & Lothians).
- Approval for an increase in the attendance fees paid to Council members should be sought at the Society's annual general meeting to increase transparency (Cheltenham & Gloucester).
- The Society's Council should take measures to ensure attendance at the British Pharmaceutical Conference is both affordable and attractive to the average pharmacist (Manchester, Salford & Trafford).
- The Society to investigate how to better utilise the experience and skills of Fellows (Glasgow & West of Scotland).
- One pharmacist should remain legally responsible for only one pharmacy, with the delegation of certain duties to suitably trained staff for specified periods of time to ensure pharmacists remain accessible and patient safety is upheld (West Metropolitan).
- The Society should issue guidance on the validity of owing slips (Harrow & Hillingdon).
- Council to re-examine the basis of the premises fee (Brighton & District).
- Unused medicines with intact medicines returned by patients to be allowed for use for teaching purposes (Sunderland & District).

Alastair Williamson: Current management training offered by pharmacy schools varies enormously and consistency is needed

IF YOUR CUSTOMERS THINK A NASAL SPRAY COULD NEVER BEAT ANTIHISTAMINE TABLETS

THEY'RE SWALLOWING A MYTH[1-9]

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Comment from the editor

Independent pharmacies do have a future

There's a bit of a theme this week in the news and features pages: the aspiration of medium size multiples looking to expand.

United Co-op's acquisition of P Williams Ltd, Day Lewis's intention to reach 200 pharmacies and Morrison's aim to add 70 stores by 2009 – what sort of message does this send to the independent proprietor? That the days of the independent sector are numbered, or that by hanging on long enough they will be able to sell up at a reassuringly high price?

Well possibly both. The growth of the multiples has been documented for many years now, but the resurgence of the independent sector will be seen as the new pharmacy contracts across the UK take hold, and patients start to recognise the differences between the multiples and the independents in terms of service provision.

In time, it will drive up standards and those independents that continue should be of the highest quality and the most successful. But while this should make them attractive to the next generation of pharmacists who want to work in a business which makes the most of their clinical and professional skills, when it comes to taking on their own business, will they be able to afford to buy a pharmacy business?

This is where the buying power of the multiples will come through, being able to outbid independent purchasers. But there is also another threat to the independent sector, that of the companies such as Care UK which this week was granted permission to open a multiple GP practice and walk in centre.

This is the start of the salaried GP, and it won't be too long before the supermarkets start opening their own surgeries, alongside their instore pharmacies.

So where does the future lie? The government has asked the OFT to review the control of entry regulations, as it indicated back in 2003 that it would do so, when the current health secretary was then at Trade and Industry. But the current minister for pharmacy is sympathetic towards the community pharmacy network, and the government has made clear its desire for the public to have choice in access to state supported services, whether that is in education or health.

The future then for the independent might not be as bleak as the current portents may suggest.

Pharmacists will note with some irony health minister Lord Warner's acknowledgement on Tuesday that the government's IT plans for the health service, of which the electronic prescription service is a part, are now two years behind schedule. Implementing new technology is never as straightforward as it should be, and it is one of the largest IT projects in the world. But nevertheless, the current overspend, estimated at about three times the original budget, suggests that spending on the health service in years to come may have to be seriously curtailed. Will this be another part of Mr Blair's legacy?

> Independents that continue should be of the highest quality and the most successful

Your views

Oxygen supply

Health minister Andy Burnham acknowledges the patience of those involved in the new home oxygen service

Thank you for your letters of March 31 and April 12 to Jane Kennedy enclosing the C+D petition calling for patients to have the right to choose how they get their oxygen and other supporting correspondence.

I am grateful to you for providing me with an update on your campaign. May I also take this opportunity to express my thanks to those pharmacists who are continuing to work with us to maintain services as we transfer patients using oxygen at home to new service suppliers and to those pharmacists who worked with us after February 1 but have since moved on.

I – and the NHS – recognise and appreciate pharmacists' professionalism in responding to the needs of patients. We take the views of pharmacists, patients and others very seriously. Importantly, for many years, patients and healthcare professionals have been calling for action to modernise the home oxygen service to provide greater choice and access to the range of equipment now available that can help improve patients' quality of life.

We have listened to their views, worked closely with patients' representatives and clinicians in developing the specification for the new service and we are continuing to work with them in addressing the problems that have emerged in the early days of this service change.

The Department, the NHS and new suppliers are continuing to work intensively to secure the transition to the kind of service we all want to see as soon as possible.

I hope this reply is helpful.

Andy Burnham MP
Minister of State
Department of Health

> We take the views of pharmacists, patients and others very seriously

Xrayser

A double boost for my job satisfaction

Just like a number seven bus, there are none for ages and then two POM to P switches come along at the same time. Imigran Recovery is this week's long-awaited switch (C+D, May 27, p6&25) following hot on the heels of last week's Curanail launch.

All this excitement will see me prowling the counter looking for unsuspecting patients on which to try out my new-found treatments and my counter staff are looking forward to engaging with previously untreatable (by us) groups. The extra reading will be worth the rewards and we're all looking forward to attending a seminar to confirm ourselves as 'migraine experts'.

GSK's questionnaire is a good idea that will act as a useful memory jogger for my staff and I, and the treatment card a better idea still. Many patients won't be bothered, but for those truly interested in self-care it will make them feel involved in a higher level of clinical care from their pharmacy.

This is a great product for a condition that genuinely blights some people's lives and will cut down slightly the number of situations every day where I know exactly what a patient needs but have to refer them to their GP to get it. My increased job satisfaction can only benefit patients and make me an even better professional.

Remote destruction of pharmacy service

While I do believe that there is a place for remote supervision in certain circumstances, I certainly don't think it should be used to facilitate cash machine style prescription dispensers (C+D, May 27, p5).

The Visavia machine would be great for dispensing shop goods out of hours, and even certain GSL medicines if sales could be restricted to one pack per payment card but I doubt this would prove cost effective. I could contemplate the occasional prescription dispensing machine for use at certain times and in exceptional circumstances. But this would be the beginning of a slippery slope that, at the very least, would separate our supply function from our clinical role, and at the worst, put us out of a job altogether.

Cash machines were first introduced to enable customers to get cash when the bank was closed. And how many high street branches have closed as a result? Pharmacies offer many more value-added services alongside their supply function than banks and we wouldn't buckle that easily but I think it unnecessary to erode our core strengths purely for the convenience of a minority. I'm glad that petrol and cash are available self-service but it's no way forward for medicines.

GPs should mind their backs

The first government-brokered deal has allowed a private company to run GP services. And it is planning such an excellent service that GPs should be seriously worried.

Care UK will run a 7,000-patient GP practice and 100-patient per day seven day a week walk in-centre providing 'breakfast', 'tea-time' and Saturday morning surgeries, with opening hours from 7am-10pm. This was all enabled by the 'Our health, our care, our say' White Paper which aimed to set privately run services in areas with inadequate access to GPs. But if they prove so much better than GP-run practices somebody will soon suggest extending the scheme. The White Paper also allowed for non-pharmacy organisations to run pharmacy services but I don't think many companies could do it more cheaply or efficiently than us.

Northern Ireland Notebook

Good karma

It's been a bright and cheery few weeks. I'm delighted that the common ailment scheme is to continue and, more importantly, in an expanded form now covering hayfever. This is welcome and an endorsement of the role pharmacy plays within local communities. It's only good sense that my patients are supplied with medicines rather than having to visit their GPs. I look forward to further extensions of the scheme allowing me to treat all common conditions as I do for those who can pay. We need treatments for conjunctivitis, athlete's foot and inflammatory skin conditions and why not nicotine replacement therapy too?

If I have a complaint it is that not enough PR and advertising was invested at the launch. The public remains largely ignorant of the scheme but time is resolving this as satisfied customers tell others.

And all this at a time when DHSSPS has discovered what the public really think of community pharmacy. In terms of customer satisfaction we are simply head and shoulders above other healthcare professionals. This comes from a recent independent survey that looked at how the public scored primary healthcare

> I look forward to treating all common conditions as I do for those who pay

services. With a 97 per cent satisfaction scoring our chief pharmacist needs to ensure his DHSSPS colleagues are fully aware of this. Let's not forget we had a similar score in the last survey.

My local GPs, not known for collaboration, contacted me about the repeat dispensing scheme and want to start with a few stable patients. I am getting to grips with managing your medicines. It is adding to the bottom line and my counter gets stronger as staff use retailing skills to effective use. The training was worth the investment.

I don't know what it is, perhaps the return of good weather? If I had a five-year business plan I might blame it but, businesswise, things are coming together nicely. There may be something in the good Karma idea. Long may it last.

Written by a pharmacist practising in Northern Ireland

C+D

Chemist+Druggist

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Davies RM, Ellwood RP, Davies GM. *Journal of Clinical Periodontology* 2004; 31: 1029–1033

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1. Davies RM, Ellwood RP, Davies GM. *Journal of Clinical Periodontology* 2004; 31: 1029–1033. 2. Data on file, Colgate-Palmolive.

PRODUCT INFORMATION: Product Summary Trade Name of the Medicinal Product: Colgate Total toothpaste **Indication:** To reduce dental [illegible] to reduce the progression of periodontal [illegible] **Contraindications:** [illegible] **Special Warnings and Special Precautions for Use:** Children under 7 use a pea sized amount for supervised brushing. If using fluoride supplements, consult your dentist **Interactions with Other Medicaments:** None known. It is [illegible] fluoride therapy, [illegible] to fluoride (fluoros[illegible] **Undesirable Effects:** None known **Legal Class:** GSL **Product Licence Number:** PL 0049/0036. **Product Licence Holder:** Colgate-Palmolive (UK) Ltd., Guildford Business Park, Middleton Road, Guildford, Surrey, GU2 8JZ **Recommended Retail Price:** £1.25 (50ml tube), £2.15 (100ml tube), £2.46 (100ml pump). **Date of Revision of Text:** [illegible]

MURs made easy

Kevin Cottrell, head of professional services, Day Lewis, offers some tips on conducting medicines use reviews

Consultation areas

Medicines use reviews should normally be carried out face to face with the patient in the pharmacy in a consultation area that meets the following requirements:

- Allows the pharmacist and patient to sit down together.
- Is clearly designated as a consultation area.
- The consultation should not be overheard at normal speaking volumes.

MURs may be carried out in other locations such as care homes or day care centres but prior approval must first be sought from the PCO.

Conducting the MUR

A national template has been developed for the MUR forms which pharmacists must use. These forms are available from AAH, the NPA and are downloadable from PSNC's website. The forms are in triplicate, with one copy for the patient, one for the doctor and one for the pharmacy.

The first page records basic patient information as well as recording consent for the process; the second records all of the patient medication and compliance and side effects; and the third is the action plan.

Having obtained consent for the process and recorded a brief medical history, it is important to ask what the patient would like to get out of the review – you can revisit this at the end. It is important when conducting the review to use appropriate styles of questioning, mixing open and closed questions as appropriate.

The main part of the MUR process is to go through the patient's medication. Check that they know what it is for and that the formulation is appropriate, check that they are compliant with the dosing instructions, and check the medication is working and that they are not experiencing any side effects.

For many pharmacists this is the most daunting part. They may worry that their clinical knowledge is not sufficient and that they may miss something. However this is not a full clinical review and it is very easy to 'add value' and improve the patients health.

For example, I have come across numerous instances where patients do not know how to use inhalers properly or take their Ventolin regularly and their steroid inhaler whenever they have an attack. I have come across someone who measured their blood pressure every day and only took their blood pressure tablets when it was high! Someone who was prescribed lorazepam five years ago to help with a fear of flying.... and was still on it, or the person who was prescribed Dyazide, two each morning, but had only been taking one because of the side effects... she hadn't wanted to tell the doctor.

All of these examples were discovered with very simple questions and no great clinical knowledge was required to see the problem!

What we are trying to achieve at the end of the MUR is that the patient knows more about what their medicines are for, how and when to take them, and is more likely to comply with the doctor's directions.

When all of this has been done an action plan needs to be written. The action plan should be brief and to the point. Recommendations to the GP should be short and sharp and the wording straightforward, avoiding jargon. Remember the patient will be reading this as well as the GP. It is important to explain your recommendations to the patient and to get their agreement for any actions you propose by them.

A copy of the forms should then be given to the patient (this can be posted at a later date if necessary), a copy should be sent to the GP and a copy should be kept in the pharmacy.

There is a lot of very useful information on the PSNC website (www.psnc.org.uk), including frequently asked questions.

The MUR service, when delivered properly, is a very rewarding service for pharmacists that allows us to get much more involved in patient care. It is generally very well received by customers who value the time spent and the personal attention.

Preparation

MURs can be conducted every 12 months and only if the patient has been having prescriptions from the pharmacy for at least three months; although if the MUR is as a result of a prescription intervention then these rules do not apply.

First, you need to identify which patients are suitable for an MUR, and you can use your PMR system to do this. Your local primary care organisation may have identified certain patient groups to focus on and you should have regard to this when selecting patients.

You can approach patients as you hand out their medication with words such as: "May I have a word with you about your medication?" before leading them into the consultation area and briefly explain the service to them. This approach has the advantage of allowing you to select when you do your MURs (you only ask at quiet times) and it also puts the patient on the spot so that few are likely to refuse.

Alternatively, you may want to book appointments. This can allow you to get extra cover in, to give you time to conduct the MURs and also give you more preparation time. The down side of this is that patients may not turn up for the appointment or it may be that you are extremely busy when they come in.

Organising the way you conduct your business will help enormously in finding the time to do MURs. If you have a large volume of prescriptions that you collect from your local surgery, you are better able to decide when the work will be done and roster staff accordingly.

Ensuring that you have adequate trained staff in the dispensary will allow the dispensing process to carry on while the MUR is being conducted.

Use staff to fill out the first page of the MUR form thereby reducing the time for the pharmacist.

Accreditation

Advanced services may only be provided by contractors who are providing all of the essential services and must be carried out by pharmacists who have been accredited to do so. At present there are four bodies providing accreditation:

- Medway School of Pharmacy: Skills for the Future. This course requires completion of three MURs out of a list of five. It requires submission of the completed action plans for assessment.

- Reading University: From Prescription to Patient. This requires the submission of a portfolio consisting of a case study supplied by the university, two personally conducted MURs, a MUR report and a competence grid, which indicates where the evidence of competence has been achieved in the previous three reports.

- Cardiff University: This requires the submission of a portfolio consisting of: design of a standard operating procedure (SOP) for a MUR, two MUR case studies (provided), two MURs in practice, mapping of the work against the DH competency framework and a reflective account of the learning process. The pharmacist is then required to complete two further MUR case studies.

- Manchester University: CPPE online assessment. This is an online assessment only and no feedback is given. There are four sections to be completed in turn. Section one consists of 30 multiple choice questions on clinical pharmacy and pharmaceutical care; section two contains 10 true/false questions on the MUR service; section three contains two case studies with five true/false questions; and the final section involves the completion of a full MUR. Each section has to be completed within the specified time and if a section is failed, then there is a six-day lockout period before you can attempt the section again.

Allergy figures extrapolated from a TNS survey of 16-64 yr olds.

Pharmacy Champions

Pharmacists leading the way

Pharmacy Champions

Name
Phil Jobson

Pharmacy
H Jobson & Partners, Longtown, Cumbria

What has he done?
Set up a veterinary medicines business

What have you set up?
We provide a range of companion animal medicines, feeds and accessories from our pharmacy premises. We also have businesses in Brampton and Penrith, which operate as agricultural merchants and supply animal medicines and farm health products. Farm medicines are extremely competitive and there are few opportunities for pharmacists, but companion animal medicines, feeds and accessories are viable for any community pharmacy.

We have built up a reputation for veterinary medicines over more than 40 years. The farm health business has operated from various parts of the Longtown premises, but we moved to adjacent buildings with a ground floor shop when it became possible to expand the companion animal side.

Visibility, thoughtful merchandising and communicative, enthusiastic staff brought in the customers. We now employ a number of horse enthusiasts and supply a huge volume of horse feed, bedding products, supplements and medicines. Our pet section now includes collars, leads, chews, treats, beds, cages, toys and medicines.

Were there difficulties?
We had to prepare the premises to lend themselves to a companion animal healthcare business. Parking and uplifting areas had to be provided. We are lucky in having large premises, but not much of it is front street.

How have the locals reacted?
The results speak for themselves. We're doing great trade as companion animal ownership is increasing and owners seek better sources of advice. I've never asked the doctors what they think of our pet business but they call in for their dog food!

Any advice for others?
Community pharmacists need to strengthen the base of their businesses so they rely less on NHS funding. Having endured foot and mouth in 2001 when half our customers disappeared overnight, I realise how important it is to diversify.

If a new government decides to change tack with regard to community based pharmaceutical services, or expand doctor dispensing, or license non-pharmacists to dispense, pharmacists would be left only with the added value they can provide to the public. Their understanding of medicines will go a long way to assisting them in establishing themselves in the companion animal healthcare field.

My advice would be to research the local market, ensure you can access competitive terms, read appropriate literature and attend training offered through the RPSGB Certificate in Companion Animal Health Care or Diploma in Veterinary Pharmacy. We wholesale to community pharmacies. Join the Society's Veterinary Pharmacists Group. There's plenty of advice and support available.

Would you do anything differently?
I'd have bought the adjacent property at Longtown earlier and expanded the companion animal business sooner.

Nominate your Pharmacy Champion: 01732 377688 or chemdrug@cmpi.biz

Piriton Allergy Tablets and Piriton Syrup Product Information. Presentations: Tablets containing 4 mg chlorphenamine maleate. Syrup containing 4 mg chlorphenamine maleate in 10 ml. **Uses:** Symptomatic relief of chickenpox itch and allergic conditions including hayfever. **Dosage and administration:** Tablets: *Adults:* 1 tablet every 4-6 hours. *Children oged 6-12:* ½ tablet every 4-6 hours. Syrup: *Adults:* 10 ml every 4-6 hours. *Children oged 6-12:* 5 ml every 4-6 hours. *Children oged 2-6:* 2.5 ml every 4-6 hours. *Children oged 1-2:* 2.5 ml, twice daily. **Contraindications:** Hypersensitivity. Concurrent or recent treatment with MAOIs. **Precautions:** May increase effects of alcohol. May affect ability to drive and use machinery. Use with caution in prostate, respiratory, liver, cardiovascular and thyroid disease; epilepsy, glaucoma and other eye conditions. Syrup contains sugar, use with caution in diabetes. Maintain good dental hygiene. **Side effects:** Sedation. Less commonly gastrointestinal disturbances, blurred vision, headaches, urinary retention, dry mouth, muscular incoordination, jaundice, cardiovascular disturbances, chest tightness, dizziness, blood dyscrasias, allergic reactions, tinnitis. Children and the elderly are more prone to the neurological anticholinergic effects and rarely may become confused or excited. **Pregnancy and lactation:** Consult doctor before use. **Legal category:** P. **Product licence numbers:** Tablets: PL 00036/0091, Syrup: PL 00036/0088. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** Tablets 30s £3.15, Syrup 150 ml £3.99. **Date of last revision:** October 2004. Piriton is a registered trade mark of the GlaxoSmithKline group of companies.

Business indicators

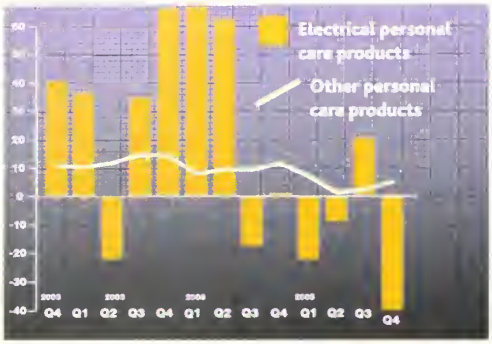
Peter Yardley finds April was a good month for pharmacists, with sales lifted by the late timing of Easter

Retail sales

Surveys reveal that, after a slow start to the year, chemists' sales grew strongly in April as retailing overall showed positive growth for the first time since February last year. But the figures were boosted by the late Easter and retailers must wait to see if it was more than a temporary revival.

Consumer confidence improved in April on the low reading in March, according to researchers GfK NOP, although it remains lower than 12 months earlier. Retail pharmacists' sales also rose, with 61 per cent of businesses reporting annual volume growth, according to a CBI survey. In March, 13 per cent had reported a year-on-year increase. But the CBI stresses that the figures are distorted by the timing of Easter. The British Retail Consortium also warns that Easter helped lift overall sales in April and estimates that like-for-like business picked up 6.8 per cent, compared with a drop of 4.7 per cent in April 2005. The BRC adds that growth in demand for toiletries and cosmetics was maintained but healthcare was mixed. Official estimates point to a 3 per cent rise in total retail sales volumes in the year to April. But pharmaceutical, cosmetic and toiletries sales volumes were down 6 per cent.

Consumer spending



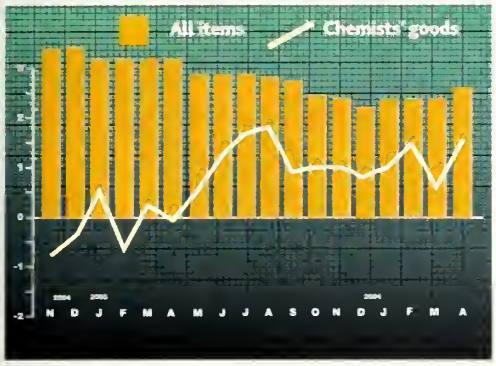
Consumer demand for personal care products was mixed in the final three months of last year. Outlays on electric personal care appliances plummeted in value by 40 per cent compared with a year earlier, while spending on other personal care products rose by 4 per cent.

Consumer spending on electrical personal care appliances fell in volume terms by 9 per cent in 2005 overall, after falling annually by 31 per cent in the fourth quarter, according to official estimates. Spending on other personal care products rose in volume by 3 per cent over the year as a whole, and by 2 per cent annually in the fourth quarter.

Meanwhile a report by Mintel suggests that sales of oral hygiene products and toothbrushes grew by nearly 6 per cent between 2001 and 2005, with toothpaste accounting for around half.

Toothbrush sales declined marginally over the period, but mouthwash demand rose by 16 per cent, to capture a 14 per cent share of the sector. By 2010 the sector is forecast to expand by a further 11 per cent to be worth £681 million, with floss, dental gum and whitening sales set to increase by 86 per cent.

Retail price



The high street price of chemists' goods rose by 1.7 per cent in the year to April. The all-items price index rose by 2.6 per cent, pushed up by rising energy bills and air fares, while the consumer price index – the government's preferred measure of inflation – rose and hit the Bank of England's 2 per cent target level.

The official retail price index for chemists' goods rose by 0.8 per cent during April, and rose by 1.7 per cent at the annual rate from 0.7 per cent in March. Headline inflation increased by 0.8 per cent during April.

The consumer price index, which excludes housing costs, was more subdued and although it has risen to the official target rate, it is expected to drop below target next year. The British Retail Consortium says shop prices were 1.3 per cent lower in April than a year earlier, and fell by 0.1 per cent from March. Rising energy costs are feeding through the UK supply chain and in April manufacturers' raw materials costs increased at the fastest pace for nine months – up nearly 16 per cent annually.

Core output prices rose by 2.3 per cent over the year, from 1.9 per cent in March. Makers' prices of pharmaceutical preparations rose by 2.1 per cent annually in April, after an increase of 0.5 per cent in March, while perfumes and toiletries fell 0.3 per cent following a rise of 0.7 per cent in the year to March.

Earnings and unemployment

Earnings growth in the three months to March was broadly unchanged on the previous month's figure. But the unemployment claimant count rose by 12.7 per cent in the year to April, although the rate stayed at 3 per cent of the working population. The combination of these indicators suggests that the labour market is weakening.

Average earnings, including bonuses, were 4.5 per cent higher in March this year than a year earlier, compared with an annual rise of 5.1 per cent in February. But in the latest three months the increase was 4.2 per cent, up slightly from 4.1 per cent in the three months to February.

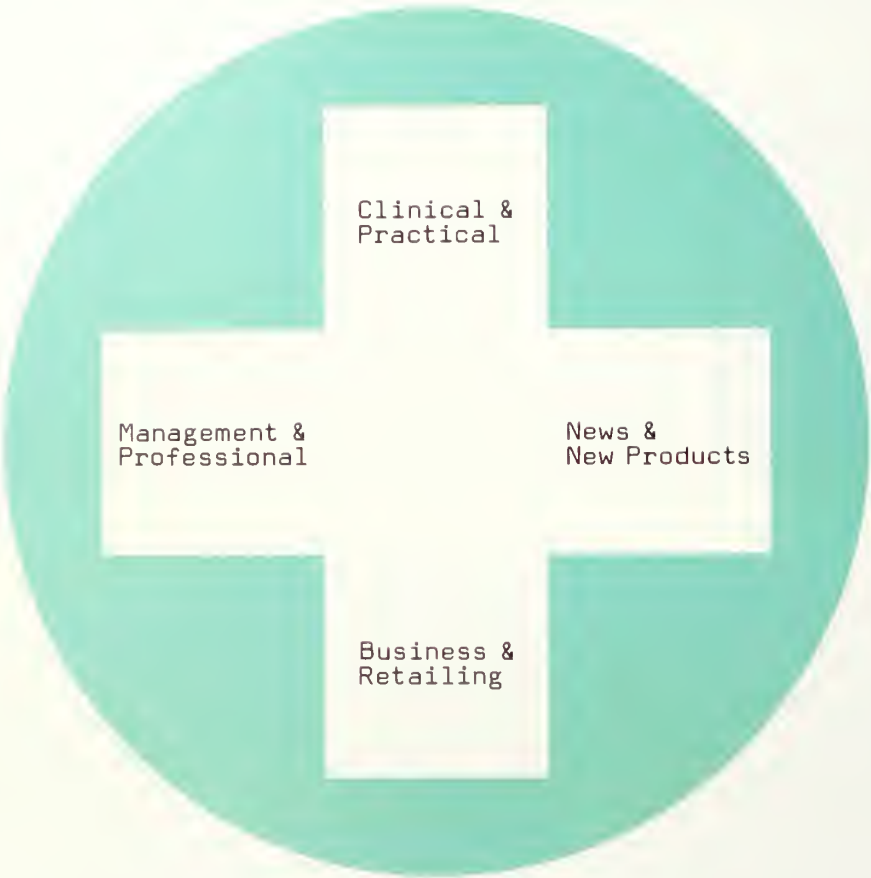
Unemployment benefit claimants rose to the highest level since June 2003, reaching 945,500 in April, compared with 937,800 in March. The unemployment rate rose to 5.2 per cent in the first quarter, the highest since November 2002. But the number of people in work in the first quarter reached a record 28.9 million.

The Recruitment & Employment Confederation reports that demand for staff in April was the strongest in four months, following a subdued first quarter.

Meanwhile data from credit insurer Euler Hermes indicate that cash flow among retailers and wholesalers grew by 2.4 per cent annually in the first quarter, and is expected to increase at a similar rate over the next 12 months. But profit margins declined sharply between the two latest quarters, as late payments by customers rose markedly.

PHARMACY TODAY

A helping hand with changes in pharmacy



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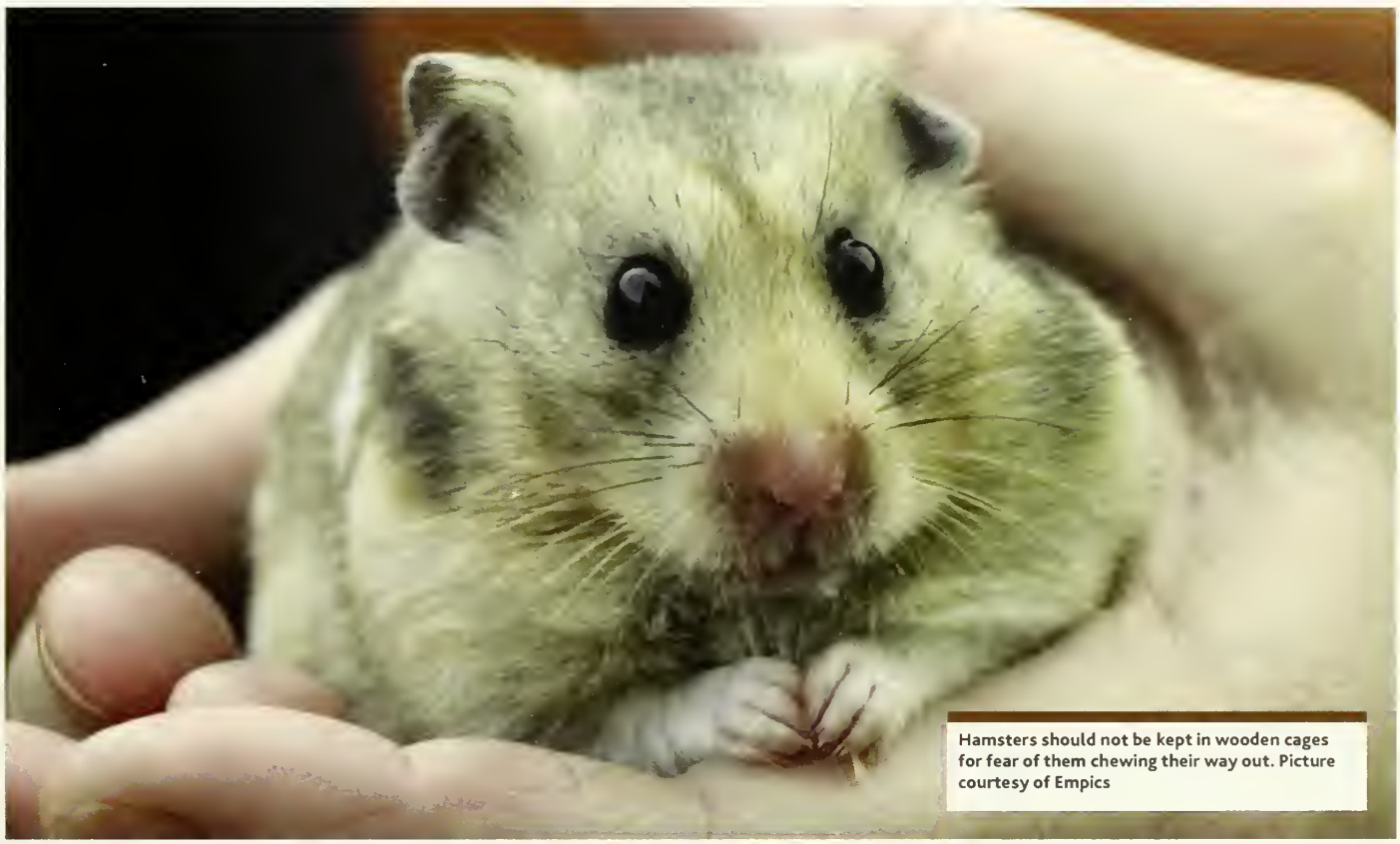
C+D Clinical

Making friends with rodents

In the second of two articles, we look at the care of rats, mice, gerbils, guinea pigs and hamsters



Hamsters should not be kept in wooden cages for fear of them chewing their way out. Picture courtesy of Empics

Sarah Cockbill

The previous article in this series discussed the care of pet rabbits (C+D, May 27, p17). This article continues the theme of small mammals by considering rats, mice, gerbils, guinea pigs and hamsters.

Community pharmacists, once trained appropriately, can assist owners with advice on the availability and use of products for rodents – ensuring, of course, that there is no breach of the 1966 Veterinary Surgeons Act by attempting to diagnose any condition from symptoms described by the animal's owner.

Many medicines are licensed for administration to small mammals but not all are appropriate for all species. For example, antibiotics can be severely toxic and tetracyclines and tylosin kill guinea pigs. The Veterinary Formulary gives information about safe and appropriate administration of medicaments.[1] Community pharmacists can supply appropriate rodent accommodation and products with which to clean it, thereby ensuring adequate hygiene is maintained.

Gerbils

There are more than 90 breeds of gerbil (also known as the sand rat) living in dry grasslands and desert fringes, from South and West Africa to Far Eastern Asia. These robust animals will probably never fall ill if given the correct care and attention. They should be kept indoors, given enough room to eat, sleep and exercise, and fed commercially available complete foods formulated specifically for them. They should be kept in pairs if possible.

Guinea pigs

The guinea pig or cavie *(Cavia porcellus)* originates from South America. The Incas originally bred them for food and sacrifice. The Spanish introduced guinea pigs into Europe in the 16th century. They require a secure, roomy hutch and will live happily outdoors with plenty of fresh air. Hutches should be placed in a sheltered position and regularly cleaned.

Guinea pigs should be fed twice daily. Their diet should include fresh vegetables and hay as well as a source of protein. The addition of vitamin C is essential for health as they are unable to synthesise their own. Owners should take care when attempting to vary their pets' diet by including greens as many plants are toxic, such as buttercups, clematis, elder, foxglove, holly, iris, ivy and woody night shade.

Hamsters

Hamsters originate from Syria and have been in the UK since 1931. They are nocturnal and in the wild live in hot areas of Central Asia where, to avoid the heat, they live in burrows during the day. Hamsters should be housed indoors in wire cages. Wooden cages shou

CPD

This article can help in the following CPD competencies: G1c, G1h, G1s, G1w, C1f. See www.tinyurl.com/194zu

material to the diet. Sudden drops in temperature will cause hamsters to hibernate. They should be woken to avoid dehydration and/or starvation.

Mice and rats

Both mice and rats are members of the family Muridae and have been domesticated for at least 300 years. The brown Norway rat, the most common pet rat, began colonising England in the 19th century and drove out the indigenous black rat. There are profound differences in behaviour and susceptibility to disease between different strains of rat.

There are more than 40 varieties of mouse and, like rats, they are found in a variety of colours. Female mice make the best pets and should be kept in a well-ventilated, wooden box or cage. The bottom of the cage should be covered with sawdust and hay or paper provided for nesting. Cages should be cleaned at least once a week.

Mice are omnivorous and should be fed a diet of whole or rolled oats with a little hamster food, occasional budgerigar seed, and dog biscuits and carrots for the teeth. Water should be available. Commercial diets are available for rats and these can be supplemented with hay, wholewheat breads, dry cereal, pasta, fruits, vegetables and non-fat yoghurt.[2]

Common rodent problems

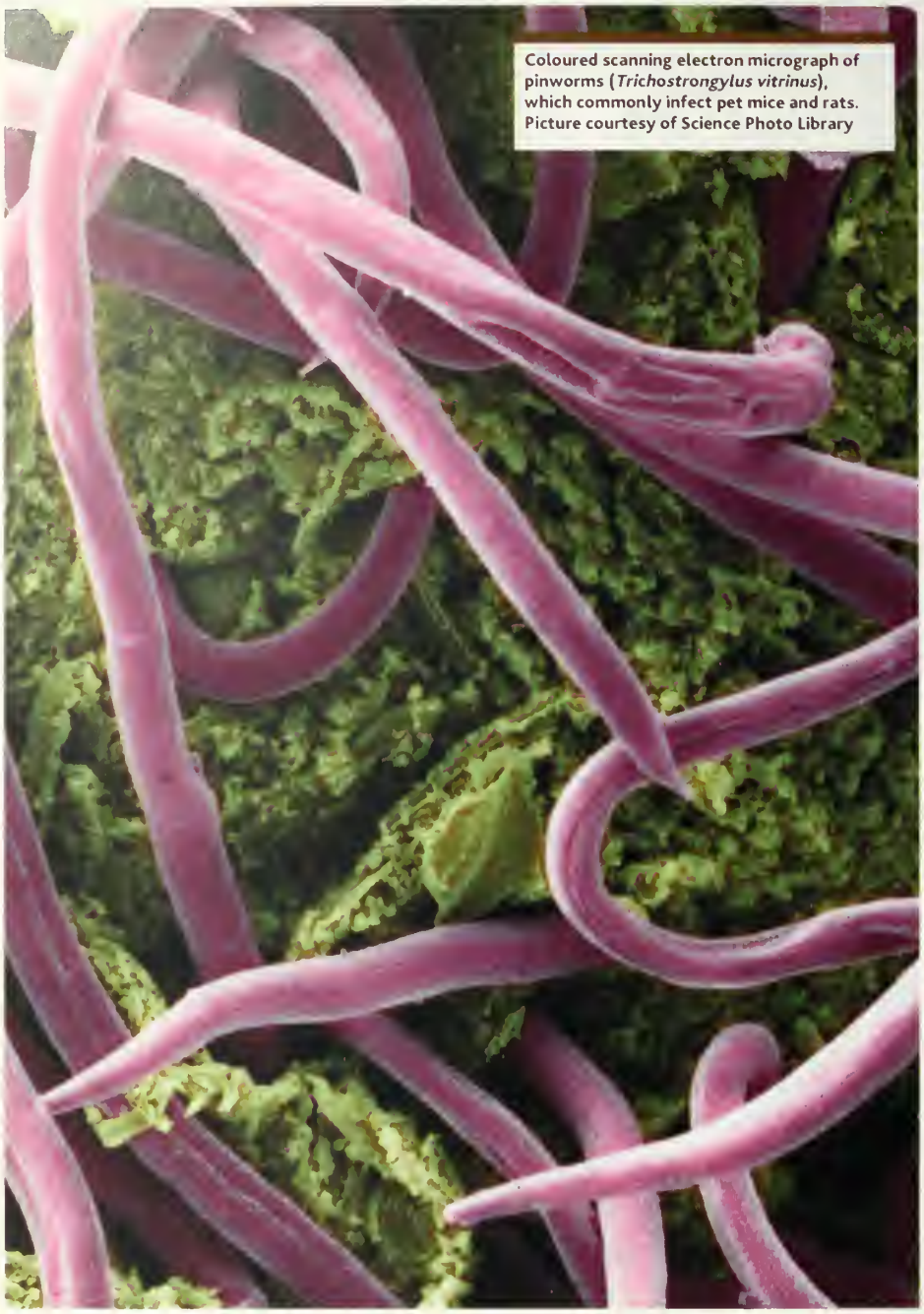
Dental problems

All rodent teeth grow continually throughout life. Dental problems occur when there is inadequate fibrous material available on which the animal can chew to wear down its teeth. Overgrown teeth cause problems such as abscesses and may also be the result, in rats and mice particularly, of hereditary jaw abnormalities resulting in non-alignment of the upper and lower incisors. Also, older rodents tend not to chew as much as the younger animals. The animal's mouth should be regularly inspected and teeth trimmed by a veterinary surgeon if necessary, otherwise problems may only be identified when the animal starts to lose weight.

Tyzzer's disease

All rodents are susceptible to the zoonotic Tyzzer's disease caused by strains of *Clostridium piliforme*. The strains are normally species-specific for rodents. The exception is gerbils, which are susceptible to a number of strains.

Animals of any age may be affected but the young are particularly vulnerable. The organism produces a toxin leading to necrosis and organ failure. Damage to the heart, loss of co-ordination followed by paralysis and death are commonly seen. Symptoms of acute disease include humped back, rough coat, weakness and watery diarrhoea.[2] *C piliforme* produces spores that can live for up to two years in infected bedding. The disease spreads when animals, which have come into contact with infected bedding, ingest spores while grooming. A 0.5 per cent v/v hypochlorite solution is effective in killing the spores but there is no treatment for infected animals. All animals in an infected colony should be eliminated to prevent spread of the disease.



Coloured scanning electron micrograph of pinworms (*Trichostrongylus vitrinus*), which commonly infect pet mice and rats. Picture courtesy of Science Photo Library

Diarrhoea

Diarrhoea may be a sign of Tyzzer's disease (see above). A common cause of rodent diarrhoea is overfeeding with green food. Only specialised food mixes should be given until the animal has fully recovered. Any animals showing signs of listlessness and diarrhoea – and their contacts – should be isolated and treated with appropriate antibiotics as soon as possible.[2] As this disease is so infectious, pharmacists should refer clients directly to a veterinary surgeon for a diagnosis if asked for advice about rodents with diarrhoea.

Respiratory problems

Gerbils suffering from respiratory infections develop a dry 'staring' coat and laboured breathing, which may be accompanied by clicking sounds. Treatment with enrofloxacin or chlortetracycline is effective. They may also suffer from allergies to pine or cedar bedding, which result in secretion of reddish mucus. This may be mistaken for blood.

Hamsters can catch colds from humans. Symptoms are a runny nose and sneezing. They should be kept warm if infected.

The most significant respiratory infection of mice and rats is chronic murine pneumonia (CMP) or murine mycoplasmosis caused by *Mycoplasma pulmonis*. The disease is transmissible between mother and offspring in the womb and by direct contact after birth. Aerosol transmission and sexual activity spread

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the disease between adults. Rabbits, guinea pigs and other rodents may carry the organism but do not develop the disease.

Symptoms are snuffling, sneezing, rough coat and laboured respiration with head tilting if the inner ear is involved. Treatment is with antibiotics as soon as symptoms are observed. Injectable tylosin may be given intramuscularly and multiple antibiotics may be used if secondary bacterial infections are suspected.[1]

Eye and ear problems

Sawdust bedding often irritates gerbil eyes, resulting in copious mucus secretion. Antibiotic eye drops are used to treat infections.

Older gerbils frequently develop ear cysts caused by a cholesteatoma. There is no treatment but any secondary bacterial infection can be treated with appropriate antibiotics. The long claws of gerbil back feet can also injure their ears while cleaning.

Ear mite infection can be treated with commercial dusting powders or sprays licensed for use on dogs and cats but available on veterinary prescription under the prescribing cascade.[3]

Guinea pigs may injure their eyes by poking them with the stalks of hay or grass. The injuries are usually self-limiting but if they continue then veterinary assistance should be sought.

Chromodacryorrhoea (red-brown tears of rats) is staining of the eyelids due to secretions from the Harderian gland behind the eyes. Red-brown tears are produced in stressful situations and in conjunction with CMP or infection with *Sialodacryoadenitis virus* (SADV), a contagious disease of rats and recently weaned mice.

Tail problems

Gerbil tails are fragile and rough handling can cause the tuft to exfoliate. The remaining bone will autoamputate after a few days and normal healing should take place.

Hamsters under stress may develop wet tail, a highly infectious bacterial infection that causes copious diarrhoea. Infected animals should be isolated and treated with an antibacterial and/or antidiarrhoeal.

There is nothing licensed for the treatment of rodent diarrhoea that can legally be sold by pharmacists and the client should be advised to contact the veterinarian as soon as possible.

Young rats kept in low humidity may develop ringtail manifested as annular lesions. These tail lesions may become necrotic and require amputation.

Parasite problems

Ectoparasites

At present, there are few medicines licensed specifically for use in the following rodent conditions so supplies can only be made against veterinary prescriptions. However, the current reclassification of veterinary medicines may see more products becoming available for direct supply by pharmacists.

Guinea pigs are prone to mange mite infections, which may be treated by ivermectin.[1] They can also become victims of fly strike. Fly eggs laid on the fur hatch within 12 hours and the resulting maggots start burrowing into the skin, anus, nostrils, mouth and ears. If they are not eliminated immediately by antiparasitic drugs or dips, then the animal quickly dies. Conventional fly killers or repellents should not be used near the animals, as they can be toxic.

Gerbils and hamsters are also prone to mite infestation and should be treated with permethrin spray 0.66 per cent w/v.

Pet mice and rats may be infested with mites or lice. Mange mites may be treated with injectable ivermectin and permethrin dusting powder used to treat louse infestations.

Key points

- Few medicines are licensed for pharmacists to sell for rodent ectoparasites but this may change with the current reclassification of veterinary medicines.
- Diarrhoea may be caused by too many greens or it could be a sign of Tyzzer's disease, which needs immediate referral.
- Dental problems occur when there is insufficient fibrous material to chew.
- Bedding often causes eye problems.

Endoparasites

Guinea pig endoparasites are treated with ivermectin and piperazine.[1] Tapeworms and pinworms commonly infect pet mice and rats. Signs of infection include weight loss, inactivity, constipation and licking or chewing of the anal area. Treatment may be by subcutaneous ivermectin or piperazine in the drinking water.[2]

Summary

It has not been possible to cover in detail everything related to the care of small rodents but most of the more common issues have been featured. Further information as well as descriptions of less commonly seen rodent problems are described in the reading list.

References:
1. Bishop, Y. (ed): Veterinary Formulary, 6th Ed., 2005. London, Pharmaceutical Press.
2. Kayne, SB, Jepson, MH (eds): Veterinary Pharmacy, 2004, London, Pharmaceutical Press.

Sarah Cockbill PhD, LLM, BPharm, MPharm, DAgVetPharm, MIPharmM, FCPP, FRPharmS, is secretary of the Veterinary Wound Healing Association, a member of the Veterinary Products Committee, the Veterinary Pharmacists Group Committee and a teaching fellow at the Welsh School of Pharmacy, Cardiff.

Continuing professional development

Reflect

Many medicines are licensed for administration to rodents but not all are suitable for all species. Would you be able to deal with veterinary prescriptions for these pets? Would you know how to prevent infestation with fleas or lice? This article looks at the general care of rats, mice, gerbils, hamsters and guinea pigs, together with the diseases that affect them and how they are treated.

Plan

Try to establish how many of your customers are responsible for pet rodents and if you should be providing a service that is not available locally. By reading this article you will know how to help customers who have health queries about their furry friends.

Act

- After reading this article, read others in C+D's Pharmacy Update veterinary series (see C+D, May 27, p17) if you haven't already done so.
- Decide how you might set up a pet medicines section and what areas you should concentrate on.
- Read the relevant sections of reference two.

Evaluate

Do you know enough about supplying medicines and healthcare advice to customers who look after pet rodents? If you need more specialist advice, read the relevant parts of reference one.

Clinical news

A Practical Approach...

Bethany Straker

"Hello Alix, why didn't we see you yesterday?", asks pharmacist David Spencer of the young man standing in front of him at the prescription reception area in Update Pharmacy.

"Sorry about that Mr S," answers Alix, "but I had the runs really bad and I just daren't leave the house. I'm not feeling too bright today either, but I've got to have my dose so I dragged myself here."

"But you know you have to pick up your methadone on a Tuesday and Friday," David reminds him.

"Yes I know, and I'm sorry, but I've never missed before have I?" replies Alix. "Look, I won't ask you to give me for all three days, although I'm entitled to it. Fair enough, I didn't turn up yesterday so I'll just take for today and tomorrow. And so it doesn't happen again, would it be OK for my girlfriend to come in and collect for me if I couldn't make it for any reason? "Oh, and one other thing – some of my mates tell me they get sugar-free meth from you on their scripts. You know how you're always going on at me about looking after my health? Well, wouldn't that be better for my teeth and waistline? So, I'll have sugar-free from now on."

"That's quite a shopping list, Alix," says David. "Let's deal with one thing at a time."

Questions

1. How much of his three day methadone instalment is Alix entitled to?
2. Can someone else pick up his methadone for him if he cannot get to the pharmacy himself?
3. Can David supply Alix with sugar-free methadone?

CPD This article can help in the following CPD competencies: G1g, G1h, C3g. See www.tinyurl.com/194zu

A practical approach... last week's answers

1. Ethical responsibilities:
a) RPSGB Code of Ethics, Part 2: Standards of professional performance.
A. Personal responsibilities: "Pharmacists' prime concern ... must be for the wellbeing and safety of patients and the public."
b) Part 2: Standards of professional performance. A.1 (m): "Pharmacists must ensure that ... they act quickly to protect patients and the public from risk by reporting the matter to an appropriate person, authority or regulatory body if they have good reason to believe that ... a colleague ... may not be fit to practise for reasons of health, conduct or competence. The safety of patients and the public must be the prime consideration, overriding any personal, professional or commercial loyalties."
c) Part 2: Standards of professional performance. A.2 (n): "Pharmacists

Clinical news

Nice sticks to Alzheimer's guidance

Nice has stuck to its guns on which drugs should be used to treat Alzheimer's disease (AD), and intends to issue its final guidance next month.

The organisation is recommending that donepezil, galantamine and rivastigmine should be considered for moderate AD, while memantine should only be used for clinical trials (C+D, Jan 28, p26). The draft proposals are subject to an appeal period which closes on June 15 and, if no stakeholders contact Nice, final guidance will be out in July.

Neil Hunt of Action on Alzheimer's Drugs Alliance, which represents more than 30 charities and professional organisations, called Nice's decision "outrageous", saying it would save just £2.50 per patient per day. And product manufacturers agreed, with Reminyl (galantamine) maker Shire saying the guidance would have "a potentially devastating impact on people in the earlier stages of AD", and Paul Hooper, managing director of Aricept (donepezil) maker Eisai, saying it contradicted the approach of finding and treating disease early.

For more information:
www.nice.org.uk/page.aspx?o=322974

In brief

Herceptin licensed for early stage HER2

Herceptin (trastuzumab) has been licensed for the treatment of patients with early stage HER2-positive breast cancer, following surgery and chemotherapy.

But although the European drug regulator has fast tracked the license extension, many UK prescribers may want to wait until the National Institute of Health and Clinical Excellence issues guidance. Roche said this was expected within the next two months.

who own a pharmacy, are superintendent pharmacists or managers, have a personal professional responsibility to report to the Society concerns that a pharmacist's professional competence or ability to practise may be impaired and put the public at risk."

2. Options and what David could do:

• Approach the locum personally and tell him that practising in his present condition is putting the safety of patients at risk. Bluntly point out the alternatives: either he can address his problem and accept help, or he will be reported to the Society and the locum agency.

• David cannot accept the locum's reassurance that he will seek help himself, as people with an alcohol or drug problem generally do not do so until it is too late. David could offer to contact the Society's Health Support Scheme, which provides support and rehabilitation for pharmacists with addiction problems, on the locum's behalf. This could save him being reported to the RPSGB, which at present has no alternative but to take disciplinary action against him, and this is likely to mean striking off the Register until he is recovered. In both cases the locum is likely to be required to stop practising voluntarily until he has recovered. (Once Section 60 of the Health Act 1999 is implemented, expected by the end of this year, the Society will be able to deal with these cases through a health committee that will have powers to suspend pharmacists from practice, but without striking them off, until they are recovered.)

• If the locum refuses help, or if David thinks he is not serious in taking it up, he has no alternative to report him to the RPSGB, and to the locum agency, which can ensure that he is not offered work in his present condition.

First coeliac test for home use

A self-test kit for coeliac disease has been launched by JR Biomedical.

Said to be the first of its kind, the Biocard Celiac Test gives a result from a finger prick blood sample in less than 10 minutes.

While the test is said to be as accurate as a laboratory test, patients require an intestinal biopsy and GP consultation to confirm the diagnosis.

In the UK around 125,000 people have been diagnosed with coeliac disease. However, four times this number are believed to be undiagnosed, says Coeliac UK.

The condition can put sufferers at risk of osteoporosis, infertility and certain cancers.

Price: £19.99
JR Biomedical
Tel: 0870 777 9404
www.coeliactest.co.uk

Canesten resolves a fishy foot problem

Canesten AF begins its 2006 TV advertising this month with a national campaign for Canesten AF Cream, aired from June 24.

The ad features a man wiping his feet at the entrance to a fish and chip shop. As the owners look on perplexed it becomes clear that he is scratching his feet due to intense itching from athlete's foot.

The ad highlights Canesten AF Cream as the solution, which provides fast, effective relief.

The athlete's foot market is worth £19.6m (IRI, Athlete's Foot, value sales all outlets, 21/01/06) and Canesten AF is achieving a 17 per cent year-on-year growth.

Product info:
Ceuta Healthcare
Tel: 01202 780558
www.canesten.co.uk

Products in brief

Homoeopathy week

Homoeopathy Awareness Week, which runs from June 14 to 21, aims to raise awareness of how homoeopathy can help with everyday summer health problems. A partnership between The Society of Homeopaths and Nelsons, the manufacturer of natural medicines, the campaign is being supported by 40 Lloydspharmacy 'Wellbeing' stores, 40 Holland & Barrett stores and around 50 independent pharmacies and healthfood shops. Nelsons is supporting retailers and homoeopaths with fliers, point of sale materials, posters and balloons.
Nelsons, tel: 020 8780 4200

Products advertised on TV next week

Aquaban, Aquaban Herbal: GMTV, five, Sat
Arm & Hammer Enamel Care: All areas
Breathe Right nasal strips: All areas
Buscopan IBS relief: GMTV
Daktarin Dual Action: All areas
Hedrin: GMTV, Sat
Lamisil Once: All areas except GMTV
Listerine Advanced Tartar Control Mouthwash: All areas except Sat
Rennie: All areas except CTV
TCP Spray Plaster: All areas
Wartner Wart & Verruca Remover: G, Y, C, M, CAR, Sat
PharmaSite for next week: Clarityn – Windows, **Clarityn** – In-store, **Pepto Bismol** – Dispensary
Pharmacy channel: Eurax, Isovon

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

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**74% of sufferers experience a blocked nose as part of their symptoms (U&A 2005)

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Pfizer Consumer Healthcare

Benadryl Allergy Relief (GSL) Product Information: Presentation: Acrivastine 8 mg. Uses: Allergic rhinitis. Also chronic idiopathic urticaria. **Dosage:** Adults and children aged 12-65 years: one capsule up to 3 times a day. **Contraindications:** Hypersensitivity to acrivastine or triprolidine. Significant renal impairment. **Precautions:** Caution when engaging in activities which require mental alertness until familiar with response to drug. Concomitant use of acrivastine with alcohol or other CNS depressants may produce additional impairment. Caution when taking with ketoconazole, erythromycin or grapefruit juice. **Pregnancy and lactation:** Not recommended. **Side effects:** Rarely drowsiness. **RRP (ex-VAT):** 12s, £3.70 **Legal category:** GSL. **PL holder:** Pfizer Consumer Healthcare, Walton-on-the-Hill KT20 7NS. **PL number:** 15513/0128. **Date of preparation:** March 2005 **Benadryl Plus Capsules Product Information: Presentation:** Acrivastine 8mg and pseudoephedrine 60mg **Uses:** Allergic rhinitis **Dosage:** Adults and children 12-65 years: One capsule as necessary, up to three times a day. **Contraindications:** Hypersensitivity to any of the ingredients or triprolidine. Severe hypertension, significant renal impairment or severe heart disease; those who have taken MAOI's in the preceding 14 days. **Precautions:** Diabetes, hyperthyroidism, heart disease, hypertension, glaucoma or prostatic enlargement. It is usual to advise patients not to undertake tasks requiring mental alertness whilst under the influence of alcohol or other CNS depressants. Patients taking sympathomimetics, antihypertensives, and tricyclic antidepressants. Effects of alcohol or other CNS depressants may be enhanced. **Pregnancy and lactation:** Not recommended. **Side effects:** Rarely drowsiness, CNS excitement, urinary reaction, skin rash, **RRP (ex-VAT):** 12s £4.25, 24s £7.65 **Legal category:** P **PL holder:** Pfizer Consumer Healthcare, Walton-on-the-Hill, KT20 7NS. **PL number:** 15513/0017 **Date of Preparation:** Dec 2004

Arthritis – counting

C+D FORUM

Arthritis and related conditions are the second most common cause of absence from work, making a safe and effective treatment highly desirable

More than 7 million adults in the UK – that's 15 per cent of the population – have long-term health problems due to arthritis and related conditions. This is one of a depressing series of statistics flagged up by the Arthritis Research Campaign[1] that emphasises the human cost of the disease.

More than 2 million people have visited their GP in the past year because of osteoarthritis, ARC estimates. Since the disease is more prevalent in the elderly, more people will be seeking medical help in the future as the 'grey wave' comes to dominate the demographic curve.

Another contributory factor to the increase in GP visits is the well-publicised growth in the number of people who are overweight - obesity is a major risk factor for osteoarthritis of the knee. The UK currently rejoices in having the eighth highest obesity rate in the world. Since obesity predisposes individuals to many other health problems apart from arthritis, it is little surprise that diet and exercise are high on the public health agenda.

The statistics roll on ....

At least 4.4 million people in the UK have x-ray evidence of moderate to severe osteoarthritis in their hands; 550,000 are affected in their knees and 210,000 have moderate to severe osteoarthritis of the hips, suggests ARC.

The cost to the nation of arthritis and related conditions is pretty depressing too: 206 million working days lost in 1999-2000 - the second most common cause of absence due to illness after mental disorders.

In 2000 the cost of GP consultations was £307m, the cost of prescribed drugs £341m, and secondary care rheumatology costs (including hip and knee replacements) was £664m. Add to this the cost of disablement allowances and community and social services and the total figure comes to around £5.5 billion.

The Arthritis Research Campaign is, of course, seeking to make a point. Its definition of arthritis and related conditions includes all conditions that affect the bones, joints and ligaments, such as arthritis of all kinds, connective tissue diseases, back pain, and osteoporosis.

The point it is seeking to make is that despite the growing size of the problem, resources to tackle it are

Osteoarthritis fact file

Osteoarthritis (OA) is the most common form of arthritis. The incidence increases with age and at least 50 per cent of people over 65 years have radiographic evidence of OA (2). Approximately 30 per cent of people over 60 years have knee pain, and more than 10 per cent of people over 65 years have major disabilities due to OA. OA is three times as common in women compared to men.

OA is a progressive disorder of articular cartilage affecting the joint cartilage and underlying bone. Any joint may be affected. It should not be considered as simple wear and tear. It is a metabolically active process usually beginning in middle age. Progressive loss of articular cartilage is usually observed, with new bone formation in the subchondral trabeculae, and formation of new cartilage and bone at the joint margins.

It is predominantly a non-inflammatory condition so management of the condition centres around relieving the pain, slowing progression of the disease and improving mobility. Weight reduction, gentle exercise and warmth backed up by simple analgesics is the standard approach. Paracetamol (up to 4g daily) taken regularly is the drug of choice. Non-steroidal anti-inflammatory drugs may have a role in advanced OA where inflammation is present.

the cost

Glucosamine - a complementary option?

Around one in four of people who suffer from arthritis and joint pain have used some form of complementary medicine - homoeopathy, acupuncture, a herbal product or glucosamine - to treat their condition (1). The proportion rises to 33 per cent for those with osteoarthritis.

Glucosamine has attracted considerable attention as a treatment for arthritis and is being prescribed by GPs. Bandolier, a publication that scrutinises the evidence base that supports any medical claim, has concluded that: "Evidence that glucosamine (and chondroitin) is effective in osteoarthritis continues to build. We now have two top class reviews of older, short studies that come to this conclusion, and a new randomised trial of some quality that demonstrates a clear disease modifying effect." (3).

The trail referred to by Bandolier was a three year randomised study with 212 patients over 50 with primary knee OA (4). Subjects were given 1,500mg oral glucosamine once daily or placebo. The primary outcome was the mean joint space width of the tibiofemoral joint (a measure of disease progression). Pain, functioning and analgesic usage was also measured.

The average joint space width was about 5.4mm at baseline. With placebo there was a mean narrowing of 0.3mm over three years; with glucosamine there was no narrowing. Glucosamine also improved pain and function markers by 20-25 per cent, while there was no improvement with placebo.

not keeping pace. NHS expenditure on arthritis increased by only 5 per cent between 1990 and 1999 compared with an increase of 19 per cent in the total NHS budget.

The latest trial...

Another large randomised double-blind placebo controlled trial was completed last year and reported in the New England Journal of Medicine in February (5). The trial recruited 1,583 subjects with symptomatic knee osteoarthritis to receive 1,500mg glucosamine daily, 1,200mg of chondroitin sulfate daily, both supplements, or celecoxib 200mg daily.

A response to treatment was defined as a 20 per cent decrease in pain on a standardised scale at 24 weeks. Overall, only the response to celecoxib was statistically significant compared to placebo. However, in a sub-group of patients with moderate-to-severe pain (22 per cent of participants) the rate of response was significantly higher with combined glucosamine/chondroitin compared to placebo, a fact that deserves further study, says an NEJM editorial.

Glucosamine is an amino sugar and is thought to promote the formation and repair of cartilage. Chrondiotin is a carbohydrate and a component of cartilage that is thought to promote water retention and elasticity, and to inhibit the enzymes that break down cartilage. Both compounds are manufactured by the body.

Trials of glucosamine are hindered because there is currently no international pharmaceutical standard for the compound. Glucosamine is available as a variety of salts, typically sulphate and hydrochloride. There is little evidence on whether one form is better than another, or the impact on product formulation and stability.

However, from a safety perspective, no study has identified any serious side effects from either glucosamine or chondriotin supplements.

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Pharmacy with Focus

A community pharmacy in an Oldham primary care centre won second place in the recent Cuta-sponsored C+D Platinum Design Awards

Nisha Fowell

"Can you take me to the primary care centre in Failsworth please?" I ask the taxi driver outside Manchester Piccadilly station. "Ah yes, that's the new one with the big pharmacy," he replies. And with the knowledge that even the cabbie found the second-placed pharmacy in C+D's Platinum Design Awards impressive, my expectations for the day are set.

Some 15 minutes later, climbing out of the taxi, I can see why it would stick in anyone's mind. Located on Ashton Road West in Failsworth – an area of Oldham that is undergoing regeneration – the two-storey 40,000sq ft building has a touch of the 'Grand Designs' about it, with modern clean lines and masses of glass. And right at the front, grabbing your attention, is Focus Pharmacy & Optics.

Walking in, I'm immediately struck by the airiness of the pharmacy, which is to be expected from a unit that occupies 4,500sq ft. But it's more than just the sheer size that contributes to the feeling of space and light. It's the face of pharmacy as it should be presented to the world – clean, tidy, modern and, most of all, professional.

Focus director Nilesh Sanghvi comes forward to greet me, and explains that the pharmacy is actually owned by a consortium comprising himself and three fellow directors – Malcolm Suss, Ray Peake and Raj Parekh, all of whom are, like Nilesh, pharmacists – together with several smaller shareholders. The pharmacy opened in September 2004 and constituted a minor relocation of Falconsort Chemist, which Nilesh describes as small and cramped.

Planning started in 2003, and was prompted by Oldham PCT's decision to build a new £7 million primary care resource centre in Failsworth. After the National Pharmacy Association had drawn up plans for the pharmacy, four shopfitting firms were approached to design the layout. Swansea-based BAPTT was chosen and Mr Sanghvi says he was impressed "not just from their costing, but also the level of detail, and their ability to deliver on time".

A grand design: glass and light feature heavily in the refit

Nilesh Sanghvi

Nearly a quarter of the space – 1,000sq ft – is given over to the dispensary, which Mr Sanghvi describes as "commensurate with the volume of prescriptions". The area is fitted out with a number of linked computer terminals, open shelving for stock, and plenty of workspace.

About the same space again is taken up by Focus Optics. Mr Sanghvi says the team initially considered building individual rooms that could be rented out to other health professionals such as physiotherapists, but explains: "We decided they wouldn't bring in a regular income." Instead, the lack of opticians in the area was identified as an opportunity to run two health services alongside each other in the new development.

Adding two consultation rooms, two staff rooms, two toilets and a small stock room to the plans left 2,000sq ft for the shop floor. Low level gondolas house a large selection of GSL medicines, supplements, diabetic and health foods, alternative remedies, cosmetics and skincare. A digital photo lab has also been installed. As well as perfumes, P medicines are displayed in locked cabinets, leaving the counter area uncluttered.

The large staff is headed by pharmacy manager Darren Eccles. He is supported by a further four pharmacists – Michael Hodgins (full time), Christine Gray (part-time), and locums Grahame Rowley and Alistair Scott – who work shifts to ensure there are always two pharmacists on duty. Two checking technicians, Gill McGowan and Sally Bletcher, lead an eight-strong dispensary team, and shop manager Rita Chadwick oversees a further seven shop floor staff members, including three counter assistants and photographic expert David Yan.

As manager, Mr Eccles is enthusiastic about Focus, saying: "Other than working in a large multiple, you really couldn't get much better." He stresses that the pharmacy is not just a dispensing factory, despite the fact that 14 GPs work from the centre, and it provides extra PCT-funded services such as a minor ailments scheme, patient group directions for conjunctivitis, impetigo and urinary tract infections, an SHA-funded point-of-care testing project, and medicines use reviews.

The rest of the staff seem equally happy in their jobs, and Ms Chadwick takes great pride in showing me her planograms (she takes photographs of each fixture when any changes are made so everyone knows exactly where everything goes), and systems for stock rotation, ordering and cleaning.

Above, from the left: Cathy Morgan, Darren Eccles (pharmacist manager), Cynthia Pickstone, Christine Gray (pharmacist), Kathy Wolfenden, Michael Hodgins (pharmacist), Sue Whitehead, Gill McGowan, Sally Bletcher, Diane Gibson (front) and Claire Swallow

Counter spy: pharmacy medicines are kept in locked cabinets on open display, leaving the counter uncluttered and enabling patients to see into the dispensary

It's good to talk: Focus Pharmacy features consultation rooms and a consultation area

It's the face of pharmacy as it should be presented to the world – clean, tidy, modern and, most of all, professional

An eye for detail: Devoting space to an opticians means two health services run alongside each other

Her attitude is echoed by the rest of the staff, all of whom seem to thoroughly enjoy their work.

Amazingly, all the work, including plumbing, electrics and fixtures, took just six weeks to complete and came in on budget. The total spend was £350,000 which, considering that the pharmacy was a completely new build, not just a refit, is equally astonishing. From a business point of view, the spend has paid off, with turnover having increased by 40 per cent in the first year.

Mr Sanghvi says he was "very chuffed" to win second prize in C+D's Platinum Design Awards, adding: "It is testimony to the staff as well as the shopfitters, because they are fundamental to how the shop functions." And as a man who means what he says, he's planning to use the £1,000 prize money to take the staff out, as well as making a donation to a local charity.

Travelling back to the station, I'm impressed at the commitment shown by all involved in Focus Pharmacy – Mr Sanghvi and his fellow directors with their investment and also the staff, who clearly love working in the store and making the business such a success. It's a shining example of how things can and should be done.

Looking forward

The first year of the new pharmacy contract in England and Wales has not been without its problems. But Kirit Patel, chief executive of the Day Lewis group, predicts that better times are ahead

Gary Paragpuri

When Kirit Patel qualified from Portsmouth University in the early 1970s, community pharmacy was a very different animal to the one on the high street today.

"In the old days there was only Boots and a few western shops, and Boots did not really provide competition to the independents in those days. So I guess we had a monopoly," he explains.

"You could give a shoddy service and still make a windfall from pharmacy. It was easy numbers." Interest rates were the wrong side of 12 per cent when he bought his first shop in 1975 and still, he says, he "didn't feel it".

"The margins were bigger, you could carry more staff and it was a cushy number with no deliveries, no MDS, just dispensing, and with 40 per cent of our income coming from over the counter, it was very profitable."

But the intervening decades have seen the sector change beyond recognition. The business climate has been shaped by increasing competition from supermarkets, by a desire from governments to push through health reforms while cutting costs, and by the increasing influence of patients on health services.

This competition, according to Mr Patel, is forcing pharmacists to provide "a lot of free services", while the new entrants, such as the supermarkets and multiples, "have driven down [pharmacy's] OTC trade from 40 per cent to something like 15 per cent".

Coupled with an increasing regulatory burden for businesses, through uniform business rates, the knock-on effect of the minimum wage, and the squeeze on supply chain profits, pharmacy has no option, he believes, but to become "leaner and meaner with no time for complacency".

So, it would be understandable to view with apprehension his plan to double the number of Day Lewis shops to 200 by 2009. But Mr Patel is optimistic about the outlook. The new pharmacy contract, he believes, has brought stability to the sector following the turbulence created by the OFT's proposal to scrap control of entry and the DH's long-running generics inquiry.

If the OFT had got its way "many pharmacy owners who had hawked up their houses to the bank to get loans would have found it very difficult to survive if another pharmacy had sprung up in the doctor's surgery"

Equally worrying was how the DH "in twice reducing the prices of just four molecules [under the old contract] took away £300 million", he says. That represented a loss of about £27,000 per pharmacy. "It was a warning shot."

It was imperative then that pharmacy moved forward, he argues, and accepting a new contract was the only way pharmacy could get the DH to fight its corner over control of entry

The old contract had been a "cat and mouse game", says Mr Patel. Pharmacists sought to make as much profit as possible on purchases and the DH tried to claw it back. "So what was our option? Stick with the old contract where we could lose £27,000 each over four molecules? When you're making a 10-year decision on buying a pharmacy, how can you make a projection of cash flow when your paymaster can turn the screw and take £27,000. With my 80 pharmacies at the time, that was a difference of £2m."

But the new contract has changed the rules, he says. "There is no doubt in my mind that in the long run it's a fantastic thing to happen to pharmacy. For the first time it ringfenced money and, when you ringfence money, you can make economic decisions to buy a shop. Now if I don't get part of my ringfenced money, such as MURs, it's my fault and I can't blame others."

But it hasn't been all plain sailing. With contractors giving up £300m of purchase profits, the pressure was on to recoup money through MURs. Much of the £39m available for advanced services has not been claimed and pharmacy is negotiating to recover the underspend. "Nobody thought for a minute that it would be difficult to get hold of medication review money; 200 MURs seemed a doddle [when we negotiated the contract]," says Mr Patel, who was on PSNC's board at the time.

"I'll be amazed if anyone in a large chain achieves anywhere near [the limit] because there were so many spanners put in the works, including the fact that we suddenly realised that we needed to accredit pharmacists and premises."

That, he says, took six months alone. "By the time we then got started there was also a culture change to address. Under supervision, the buck stops with the pharmacist and this meant he wasn't willing to let go checking prescriptions."

But accreditation shouldn't have come as such a surprise; surely it would have been flagged up early in the negotiations with the DH?

"No I don't agree with that. The fine details were put in later. When we were negotiating the contract it was about money for the medicine review. [The accreditation criteria] came in after the contract was agreed and was the final print put in by the DH in their paper – it wasn't negotiated by PSNC, it was imposed. The clock started ticking on April 1 and it wasn't until well after October that we could get going and really we've only had about four months to do the 250 MURs."

The final DH paper also linked staffing hours to prescription volumes, says Mr Patel. "The amount of dispensing hours that one has to have wasn't

How can you make a projection of cash flow when your paymaster can turn the screw and take £27,000?

Kirit Patel's working week

"When I don't have meetings, I don't set an alarm and wake around 8.30am to 9am. I try to exercise for about 20 minutes while watching an episode of Friends on DVD and look to arrive in the office at 10.30ish.

"I'm a great believer in listening to the views of those at the coalface. I have about a dozen people who provide me with regular feedback.

"I finish late, about 7.30pm to 8pm. I'm the last one out and lock up. I never break for lunch.

"I don't do any business at the weekends. On Friday, I have a boy's night out. We go for a curry, something we've been doing for 25 years.

"My hobbies are golf, followed by football. I'm a staunch fan of Liverpool and I was in Istanbul for the Champions League. I also like flying, I do a lot of fixed wing flying and I'm currently learning to fly a helicopter."

even discussed earlier. The first time I saw it was when I saw the document from the DH."

Overall, the additional requirements have made it a challenging year, with a great deal of uncertainty over what is expected of pharmacists, says Mr Patel. "PCTs aren't exactly aware what their obligation is and the doctors haven't been sold on what MURs are."

The situation also wasn't helped by the short transition period, believes Mr Patel." I feel that a minimum transition period should have been one year, followed by a steady implementation of conditions over two years. I would allow MURs to be done from day one, emphasising that it has to be conducted in a quiet area where it can't be overheard but, as far as certification was concerned, I would have definitely given between 12 to 24 months to get accreditation."

To compound the problems, Mr Patel says the training on offer from the education providers created further issues. "The initial courses focused on clinical review and the doctors got upset because they felt pharmacists were encroaching on their income stream: clinical review was their income stream, ours is medicines use review.

"I do not believe for a minute that it was a co-ordinated approach. It was disjointed and the universities didn't understand exactly what the requirement for accreditation was. I believe the DH and the PCTs have differing views out there; it was shambolic."

However, the problems associated with the contract's rollout cannot be attributed to the DH alone, he says, the profession must shoulder some of the blame. Unlike others, pharmacy has several powerful associations trying to influence our paymasters and not always in a unified manner, he adds. Taking the RPSGB as an example, Mr Patel believes it has the most influence as far as the DH is concerned. But when the Society sets standards, for say dispensing, at no time does it talk to the Department or PSNC about funding, he argues.

"So of course the Department sits back, rubbing its hands, knowing that the pharmaceutical society has imposed conditions on retail contractors and thinks: 'We don't have to fund it because it's going to happen anyway because their own body is imposing conditions'."

The pharmacy organisations should have a common game plan, he says. For the contract, the Society's role is to make sure the skill mix is correct, PSNC's role is to negotiate, and the NPA should help, in particular the independent contractors, to implement the contract and go through the cultural change, he says.

Taking MURs as an example, he says there is a "big culture out there of pharmacists wanting to be self-employed as locums" and asks what the incentive is for them to get accredited. "When there is a shortage of manpower, who do we blame for not having got the numbers right and having the right number of universities four, five or six years ago? Suddenly you get more demand than supply and you scrape the barrel. There's no incentive for any pharmacist to skill up.

"If you ask me which is the best way to drive skills, have more supply than demand. If for every position we have more than one applicant we'll be choosy, and when pharmacists realise that in order to get jobs they have to have certain certificates, trust me they'll get skilled up."

The lack of enhanced services has also impacted on pharmacy, says Mr Patel. He thinks the DH has failed to sell the pharmacy contract to PCTs and that it could be three years before enhanced services become part of the national contract. "I don't feel the PCTs are really willing to let the money go when they have a problem with their own finances. I reckon some of them are dragging their feet over accreditation of premises so they don't have to pay out on the MURs."

Further, the lack of a central database that lists services commissioned by PCTs has made it difficult for large groups like Day Lewis, says Mr Patel. "I really envy the large multiples, the CCA members, who have members on every LPC feeding information back. I feel sorry for the independents because, in this game, those who are quick off the mark will benefit at the expense of those who are not."

But despite the problems of the past year, he is optimistic about pharmacy's future.

"The government will have to start investing downstream to save money in secondary care and one way or another money will come [to pharmacy]

"And when it does, competition will grow so w[illegible] will have to be sharper, and I believe that in t[illegible] three years' time pharmacists will be in a pos[illegible] to be able to cope with all the new service[illegible] because MURs are really, in a way, there[illegible] manage the change."

Healthy holidays

The holiday season is a prime opportunity to expand your role as a healthcare advisor while making link sales

Sarah Purcell

We Brits love to travel and now take some 65.3 million trips abroad each year, making us the second biggest travellers in the world after Germany, according to Mintel.

And while our love affair with France and Spain continues, we're becoming increasingly adventurous in our choice of destination, undeterred by terrorist threats or bird flu. According to travel organisation ABTA, popular holiday destinations now include Croatia, Slovenia, Turkey, Africa, Cuba and China.

As our choice of holiday becomes more exotic, so does our risk of bringing home an unwelcome souvenir. Around 2,000 British travellers come back with malaria each year, while about 30 per cent of us can expect tummy troubles.

Illness is the one thing guaranteed to spoil a holiday, so it's surprising that many holidaymakers go ill-prepared.

Pharmacists have an important role to play – especially as the new contract encourages public health education – in advising customers of the possible health risks they face when they come in for their suncream and plasters.

A break at what cost?

A survey carried out on behalf of Scholl Flight Socks found that the most common worry when going on holiday is the weather, with deep vein thrombosis (DVT) coming way down the list of concerns. However, experts believe that our awareness of this potentially fatal condition has increased in recent years, with some surveys finding that up to 60 per cent of air travellers knew about the risks of DVT.

Dr John Scurr, vascular surgeon and member of the scientific executive committee of the WHO investigating travel-related DVT, says: "I'd say more than half the public are now aware of the risks of DVT and they're starting to become more aware of the effects of other forms of transport too as we hear about the results of research into this. Most experts still believe that immobility is the main cause of travel-related DVT, despite a recent study in 'The Lancet' that cited air cabin pressure as a prime factor."

Who is at risk? Estimates of your risk of developing a travel-related DVT range from one in 10 to one in 1,000. "I would put the risk at around one in a 100 passengers," says Dr Scurr.

A passenger's risk of developing a DVT increases with any of these factors:

- A previous DVT or pulmonary embolism.
- Family history of DVT or PE.
- Taking oral contraceptives or HRT.
- Pregnancy.
- Recent surgery or trauma, especially to abdomen, pelvic region or legs.
- Cancer.
- A blood clotting abnormality.
- Over 40s.
- Obesity.
- Smoker.
- Varicose veins.
- Being very tall or very short.

It's best to refer anyone with one or more of these risk factors to their GP for a full assessment.

It was previously thought that only long-haul flights of 10 hours or more increased your risk of DVT, but research conducted by the WHO has found that travelling by train, car or coach for more than four hours can also trigger the condition.

Most of the research has looked at the effects of air travel. Here are some of the recent findings:

- A study published in the journal 'Respirology' found that 10 per cent of patients admitted to hospital for a DVT had recently been on a flight. ▶

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Product Name: **IMODIUM INSTANT MELTS** Presentation: White to off-white, circular, orodispersible tablet containing loperamide hydrochloride 2mg. Indications: For the symptomatic treatment of acute diarrhoea and acute episodes of diarrhoea associated with Irritable Bowel Syndrome diagnosed by a doctor. Dosage and Administration: Acute Diarrhoea: Adults and children over 12 years old: 2 tablets initially followed by 1 tablet after every loose stool. The usual dose is 3-4 tablets per day. The maximum daily dose should not exceed 8 tablets. Symptomatic treatment of acute episodes of diarrhoea associated with Irritable Bowel Syndrome in adults: Adults and the elderly: 2 tablets initially. The usual dose is 2-4 tablets per day in divided doses, depending upon severity. If required, this dose can be adjusted according to response, up to a maximum of 8 tablets daily. Contraindications: Not to be used in children under 12 years of age. Hypersensitivity to loperamide or any component of the product. Conditions when inhibition of peristalsis is to be avoided, in particular when ileus or constipation are present or when abdominal distension develops or in patients with acute ulcerative colitis, pseudomembranous colitis associated with broad spectrum antibiotics or bacterial enterocolitis caused by invasive organisms. - Not to be used alone in acute dysentery. Precautions: Use of Imodium Instant Melts does not preclude appropriate fluid and electrolyte replacement therapy. Imodium Instant Melts should not be used for prolonged periods until the underlying cause of the diarrhoea has been investigated. Severe hepatic dysfunction. Patients with AIDS should stop therapy with Imodium Instant Melts if abdominal distension develops. If symptoms persist for more than 24 hours, consult a doctor. If Imodium Instant Melts are being used to control episodes of diarrhoea associated with Irritable Bowel Syndrome, a doctor should be notified of any changes in the pattern of symptoms or if there is a need for continuous treatment of more than 2 weeks. Side Effects: Very rarely rash, urticaria, pruritis, isolated occurrences of angioedema and bullous eruptions including Stevens-Johnson syndrome, erythema multiforme and toxic epidermal necrolysis, isolated occurrences of allergic reactions, hypersensitivity reactions including anaphylactic shock and anaphylactoid reactions, abdominal pain, ileus, abdominal distension, nausea, constipation, vomiting, megacolon including toxic megacolon, flatulence, dyspepsia, isolated reports of urinary retention, drowsiness, dizziness. Legal Category: P. PL Number: PL 13249/0034. PL Holder: McNeil Ltd., Saunderton, High Wycombe, Buckinghamshire HP14 4HJ. Package Quantities, Price: 12 tablets, £6.25. Date of Preparation: November 2004.

Product Name: **IMODIUM PLUS CAPLETS** Presentation: Capsule-shaped tablet containing loperamide hydrochloride 2mg and simeticone equivalent to 125mg polydimethylsiloxane. Indications: Symptomatic treatment of acute diarrhoea in adults and adolescents over 12 years when acute diarrhoea is associated with gas-related abdominal discomfort including bloating, cramping or flatulence. Dosage and Administration: Adults over 18 years: Take 2 caplets initially, followed by 1 caplet after every loose stool. Adolescents aged 12-18 years: Take 1 caplet initially followed by 1 caplet after each loose stool. Not more than 4 caplets should be taken in 24 hours, limited to no more than 2 days. Contraindications: Not to be used in children under 12 years of age. Hypersensitivity to any component of the product. Not to be used in acute dysentery, acute ulcerative colitis, pseudomembranous colitis associated with broad spectrum antibiotics, bacterial enterocolitis caused by invasive organisms. Should not be used when inhibition of peristalsis is to be avoided. Therapy must be discontinued if constipation, subileus and/or abdominal distension develop. Precautions: In patients with severe diarrhoea, attention should be paid

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to appropriate fluid and electrolyte replacement. If symptoms persist for more than 48 hours, stop treatment and consult a doctor. Patients with AIDS should stop therapy if abdominal distension develops. Use under medical supervision in patients with severe hepatic dysfunction. Side Effects: Nausea, taste perversion, skin rashes, pruritis, urticaria, angioedema, allergic reactions and in some cases severe hypersensitivity reactions including anaphylactic shock and anaphylactoid reactions, abdominal pain, constipation, flatulence, vomiting, dyspepsia, abdominal distension, ileus and megacolon including toxic megacolon, urinary retention, dizziness, drowsiness. Legal Category: P. PL Number: PL 13249/0025. PL Holder: McNeil Ltd., Saunderton, High Wycombe, Buckinghamshire HP14 4HJ. Package Quantities, Price: 12 caplets, £5.95 Date of Preparation: November 2005.
Product Name: **IMODIUM CAPSULES** Presentation: Capsules containing loperamide hydrochloride 2mg. Indications: P & GSL: Symptomatic treatment of acute diarrhoea. P: For the symptomatic treatment of acute episodes of diarrhoea associated with Irritable Bowel Syndrome in adults following initial diagnosis by a doctor. Dosage and Administration: Acute Diarrhoea: Adults and children over 12 years old: GSL: 2 capsules initially, followed by 1 capsule after every loose stool. The maximum daily dose should not exceed 6 capsules. P: 2 capsules initially followed by 1 capsule after every loose stool. The maximum daily dose should not exceed 8 capsules. Symptomatic treatment of acute episodes of diarrhoea associated with Irritable Bowel Syndrome in adults: P: 2 capsules to be taken initially. The usual dose is between 2 and 4 capsules per day in divided doses, depending upon severity. If required, this dose can be adjusted according to results, up to a maximum of 8 capsules daily. Contraindications: Not to be used in children under 12 years of age. Hypersensitivity to loperamide hydrochloride or any component of the product. Conditions when inhibition of peristalsis is to be avoided, in particular when ileus or constipation are present or when abdominal distension develops or in patients with acute ulcerative colitis, pseudomembranous colitis associated with broad spectrum antibiotics or bacterial enterocolitis caused by invasive organisms. Not to be used alone in acute dysentery. GSL: Do not use when inflammatory bowel disease is present. Precautions: Use of Imodium does not preclude appropriate fluid and electrolyte replacement therapy. Imodium should not be used for prolonged periods until the underlying cause of the diarrhoea has been investigated. Severe hepatic dysfunction. Patients with AIDS should stop therapy with Imodium if abdominal distension develops. If symptoms persist for more than 24 hours, consult a doctor. If Imodium is being used to control episodes of diarrhoea associated with Irritable Bowel Syndrome, a doctor should be notified of any changes in the pattern of symptoms and if there is a need for continuous treatment of more than 2 weeks. Side Effects: Very rarely rash, urticaria, pruritis, isolated occurrences of angioedema and bullous eruptions including Stevens-Johnson syndrome, erythema multiforme and toxic epidermal necrolysis, isolated occurrences of allergic reactions and hypersensitivity reactions including anaphylactic shock and anaphylactoid reactions, abdominal pain, ileus, abdominal distension, nausea, constipation, vomiting, megacolon including toxic megacolon, flatulence, dyspepsia, isolated reports of urinary retention, drowsiness, dizziness. Legal Category: 6 capsules, GSL: 8, 12 & 18 capsules, P. PL Number: PL 00242/0028. PL Holder: Janssen-Cilag Limited, Saunderton, High Wycombe, Buckinghamshire HP14 4HJ. Package Quantities, Price: 6 capsules, £3.95, 8 capsules, £3.95, 12 capsules, £5.50, 18 capsules, £6.95 Date of Preparation: December 2005. IMO387

[illegible] people who've [illegible] since injection [illegible] in the two weeks [illegible] question you could add to your list when assessing a customer's risk before travel.

Spotting a DVT

There may not be any warning sign of a DVT, but these are the classic symptoms, says Dr Scurr

- A swollen leg, usually one more swollen than the other.
- A red patch on the skin and dilated veins.
- Pain and discomfort in the leg.
- Chest symptoms – shortness of breath, chest pain and coughing up blood are real danger signs

Prevention tips

Compression hosiery A recent Cochrane review found that passengers can expect a "substantial reduction" in symptomless DVT and leg oedema by wearing compression hosiery, while a report in the 'Journal of Advanced Nursing' showed that passengers who didn't wear compression hosiery were 12 times more likely to develop a DVT But what all the experts agree on is that properly fitted hosiery is essential

"Unless compression hosiery is properly measured and fitted by someone trained then it will be a waste of time wearing it It's essential that pharmacists do this for every customer and don't just sell them a pack off the shelf," says Dr Scurr

At Activa Healthcare, marketing director Rob Holder agrees: "If you just go on a customer's foot size then it won't fit properly. While your foot size stays the same as you get older, your calf muscle doesn't, so what fits a 40-year-old with a size nine foot won't fit a 70-year-old with the same size foot If the sock is too tight it will restrict the blood flow and your customer is less likely to wear the hosiery anyway as it won't be comfortable "

As a pharmacist you're in a great position to offer advice on compression hosiery, so make the most of it. "As well as fitting your customer for compression hosiery, take the opportunity of advising them how to wear it Research has shown that it's most effective if worn from first thing in the morning on the day of travel and left on until the evening after their arrival to help reduce any swelling," says training manager at Activa Healthcare, Kimby Osborne

For customers who find it hard to put on hosiery, remember that Actiglide is now available on FP10

Keep moving "We know that remaining sedentary is a big risk factor for DVT, so stress to your customers the importance of getting up and walking around as much as they can during the journey and doing simple calf stretches and circling their ankles to stop the blood pooling," says podiatric surgeon Emma Supple, footcare advisor to Scholl.

Leg room is often limited on planes and coaches, so don't limit this by placing hand luggage by your feet – put it in the overhead hold "If you're travelling by car, stopping every couple of hours to stretch your legs is advisable," says Rob Holder.

Heparin injections For those patients who are at high risk, their GP may prescribe a heparin injection to help prevent a blood clot.

Pine bark supplements This supplement is being recommended as a safe alternative to aspirin for preventing ankle swelling and helping reduce the risk of DVT. Dr Scurr is heading up a large trial of the supplement and results are expected in about 18 months. Research to date has found that pine bark (marketed as Zinopin) reduces ankle

Activa Class I DVT Air Socks

These use Lycra and Tactel to produce a silky smooth material, which is comfortable to wear. They retail at £9.56 for a pair and are only available in pharmacies. A leaflet is available for customers entitled "Taking care of your legs."

Compression hosiery sales

£1,546,556, up by 10 per cent on the previous year (Taylor Nelson, Activa and Scholl Class 1 hosiery sales in pharmacy only, Feb 06).

swelling by 50 per cent. Travellers are advised to take one tablet the day before travel and two on the day of the flight.

Once bitten...

Every year more than 2,000 Britons come back from their travels with malaria and around 20 die as a result. "We know that insect resistance to some antimalarial medication is increasing. Combined with the fact that no antimalarial medication offers 100 per cent protection against the disease means that avoiding being bitten should be the first line of defence," says Richard Ingham at Cheraro, maker of Jungle Formula.

There has been bad press about DEET, the ingredient contained in many insect repellents, but reactions to this are rare. "Concern over the use of DEET appears to be due to the rare, but widely publicised, reports of encephalopathic reactions in children.

A review of the toxicity of DEET revealed two cases of systematic toxicity in adults and 13 cases in children despite over 40 years of extensive use," says the Health Protection Agency. In the USA, DEET is approved for use on children from two months old.

Check whether your customers have enquired about the need for antimalarial drugs and if they're unsure direct them to the local travel clinic or GP.

[illegible] pack
[illegible] repellent spray (95 [illegible] Deet) and a tube of Bite-Ezer. Priced at £6.99 it offers customers a 10 per cent saving
Ardern Healthcare, tel: 01584 781777

Autan Tropical is the newest addition to the Autan Active range. It contains DEET and is suitable for use on children from age three years. It provides protection for up to eight hours and is suitable for use in high risk malarial areas and tropical locations.
SC Johnson, tel: 01276 852000

ZapperClick is a fast remedy for insect bites. It is claimed to work by delivering a small current to the bite (like a mild pin prick) that stimulates the body to produce antihistamine to fight the irritation. It can be used on children from age four. It's said to be effective against mosquitoes, midges, horse flies, fleas, jellyfish stings and stinging nettles.
Eco brands, tel: 020 7460 8108

- The insect repellent category is now worth £7.7 million (ex Boots) and around £15 5m including Boots (IRI Oct 05)
- Pharmacies still take 32 per cent of insect repellent sales.

Shady solution for jet lag

- Passengers who want to avoid jet leg after a long-haul overnight flight should keep their sunglasses on towards the end of the flight and for the first couple of hours after landing.
- Research by the Edinburgh Sleep Centre has recommended that airlines should alter the light on planes to help passengers adapt to the new time at their destination.
- A jetlag reckoner, which tells passengers when to seek and avoid light, is available on British Airways' website – www.ba.com/jetlag.com.

Did you know?

- It only takes one bite from an infected mosquito to contract malaria.
- There are 300 to 500 million cases of malaria worldwide every year.
- Everyone is prone to being bitten – some people just don't show a reaction to the bite.
- The early signs of malaria are very similar to flu which is why it's often not diagnosed quickly
- You can get malaria at any time of year
- The most lethal form of malaria is on the increase in UK travellers.

Don't forget health insurance!

The old E111 form is no longer valid and has been replaced by a European Health Insurance Card (EHIC). You can get the form to apply for this from the post office. Remind customers that they still need travel insurance as the EHIC does not cover all their medical costs. The EHIC is valid in all European countries.

New to the Jungle Formula range are Bite & Sting Relief patches for immediate cooling relief from bites by mosquitoes and midges, stings from bees and wasps, and hives caused by nettles and poison ivy. The patches combine eucalyptus, peppermint and lavender for natural relief.
Chefaro, tel: 01480 421800

Midge & Mozzie is a natural insect repellent pump spray containing a blend of essential oils to ward off biting insects. It comes in a 30ml or 100ml spray and there's a 20 per cent discount for all first orders.
Midge & Mozzie, tel: 01738 630259

Stop-Pic is a plant-based insect repellent roll-on based on thyme, basil, mint and lemon oils. It can be used on babies from age three months as well as those with sensitive skin.
Nature's Dream, tel: 0845 6018129

New to the Numark range is an extra strength insect repellent. Containing 50 per cent DEET, it is designed to protect against mosquitoes, midges and other biting insects. It retails at £3.99.
Numark, tel: 01827 841200

Holiday hotspot display

Numark's top holiday remedies merchandising tips
Emma Charlesworth, category development manager at Numark has put together these holiday health merchandising tips:

- Do ask your customers about other holiday-related products when they purchase a suncare product.
- Do merchandise your suncare section next to or near the skincare category.
- Do consider your local customer – in affluent areas they are likely to spend more on suncare products.
- Do provide your customers with as much "safety in the sun" advice as possible.
- Don't hide your suncare section away – you could be missing out on sales.
- Don't undersell your suncare sections – use point of sale and shelf edge strips to highlight the fixture and aid navigation.

"You don't have to allocate a full five shelves to the feature, just having a representation will help generate impulse purchases and grow sales," says Emma Charlesworth, who has provided this holiday health planogram suitable for a gondola end.

"This planogram provides you with an ideal layout for your suncare section. Notice the space allocated for local choice – ensure any local choice is integrated back into its relevant category and not positioned on the planogram as indicated."

- Don't allow categories within the section to drift: ensure you have clear definition of sun preps, self-tan, bite and sting relief, and holiday accessories.
- Don't de-list suncare products once the season is over – many people take winter holidays.

It's important to stress the fact that no antimalarial drug is 100 per cent effective and that avoiding being bitten is essential, using insect repellents, keeping skin covered and using a mosquito net at night.

Tummy troubles

"We think that about 30 to 35per cent of travellers suffer with tummy troubles on holiday, which can range from stress-related upsets to bacterial infections and can result from being exposed to unfamiliar foods as well as over-indulgence," says Paul Kerry, business unit head for retail OTC at Goldshield Pharmaceuticals, maker of Dymotil.

With such a high incidence of stomach upsets, you'd think that most holidaymakers would go prepared, but they don't. "I don't think enough travellers want to consider the fact that they might succumb, unless they're going to remote destinations or they've suffered before. But despite being careful you can still fall ill," says Mr Kerry. According to research carried out by Immodium, only 40 per cent of those travelling abroad pack an anti-diarrhoeal.

The anti-diarrhoeals market is worth around £40 million, with 70 per cent of sales going through pharmacy. "The summer holidays are a great opportunity for link sales. We have a Dymotil travel checklist that pharmacists can hand out to customers and this outlines all the remedies they might need to take," says Mr Kerry.

As well as anti-diarrhoeals, it's important to remind customers to take rehydration salts too, especially if they're taking children on the trip.

Dymotil is the OTC version of Lomotil, which has a strong prescription heritage, giving pharmacists extra confidence when recommending the brand. It's recommended for the treatment of acute non-specific diarrhoea in adults.
Ceuta Healthcare, tel; 01202 780558

Pepto-Bismol is now available in a convenient tablet form. The P product is peppermint flavoured and contains bismuth subsalicylate to stop the growth of bacteria which causes diarrhoea. Ideal for packing in a toiletry bag, it comes in handy packs of 12 or 24 tablets.
Procter & Gamble, tel: 0800 5974040

Travel sickness tips

Travel writer and TV presenter Simon Calder has put together five top tips to prevent travel sickness, on behalf of Stugeron 15.

1. Plan ahead – take a travel sickness remedy two hours before travelling.
2. Keep entertained – handheld DVD players or computer games are great at helping to pass the time on a long journey (but take a travel sickness remedy first).
3. Avoid alcohol and large meals before, during or shortly after travelling.
4. Get some fresh air – keep a window open if possible.
5. Choose seating carefully – if on a bus, choose a seat by the wheels; on ships, stay in the centre; and if on a plane, sit in the area over the wings.

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...moisture of the
...ment for fast
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...vulnerable areas to prevent blisters.
Dendron, tel: 01923 229251

Don't forget to pack hayfever remedies! Alomide Allergy Eye Drops contains prescription strength lodoxamide 0.1 per cent that acts to stabilise mast cells, helping to block the allergic response. It can be used on children from four years. **Alcon UK, tel: 01442 341234**

New to the Benadryl range for summer hayfever is Benadryl for Children Allergy Solution (70ml) for the relief of runny nose and sore, itchy eyes. It's licensed for children from age six and is available on GSL. Benadryl Allergy Oral Solution (100ml) for children from age two will remain pharmacy only. The launch is being supported by television advertising, PR, direct marketing and allergy training.
Pfizer, tel: 01737 331435

Bird flu advice

The Department of Health has published a guide for people travelling to countries affected by bird flu, which is available from GP surgeries, health centres, airports and harbours. The advice includes the following tips:

- Don't visit bird or poultry farms and markets and avoid close contact with poultry.
- Don't eat raw or poorly cooked poultry products.
- Wash hands frequently with soap and water.

It also outlines the symptoms of infection and what to do if you suspect an infection. For more information see www.dh.gov.uk/pandemicflu

Promotion

NHS dental crisis – an opportunity for pharmacy

C+D BRAND FOCUS

We've all heard the stories, people pulling teeth at home with pliers, fixing their dentures and crowns with super glue because they have no access to affordable dentistry! Current figures suggest that the shortage of NHS dentists is affecting over 2 million patients in the UK. This shortfall looks set to worsen in the coming years.

In some areas patients have to wait months or travel many miles for dental treatment. However, a new range of products from Toofypegs, the brand of first aid products for your teeth, could see many turning to their local pharmacist in a dental emergency.

Toofypegs is launching 3 new products which will enable consumers to carry out affordable, hygienic dental repair in the home. The range consists of **Toofypegs Nocavity** which replaces lost fillings, **Toofypegs Pontefix**, a kit to re-fit lost bridges, crowns or caps and **Toofypegs Protesan**, the home denture repair kit which will not damage dentures or impede further, permanent repair by a dentist.

All the products are medical devices and have been developed by dentists using the latest technology. Each pack contains easy to follow instructions and are available from wholesalers now.

	R.S.P	PIP
Toofypegs Nocavity	£4.99	232-1388
Toofypegs Protesan	£7.99	232-1362
Toofypegs Pontefix	£6.99	232-1396

For more information on Toofypegs contact Anglian Pharma Sales & Marketing Ltd **01438 743070.**

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If this challenge inspires you please apply online at www.pfizer.co.uk to job requisition number 055576, attaching your CV and covering letter detailing your current role and remuneration package.

Closing date for all applications is Friday 23rd June 2006.

www.pfizer.co.uk

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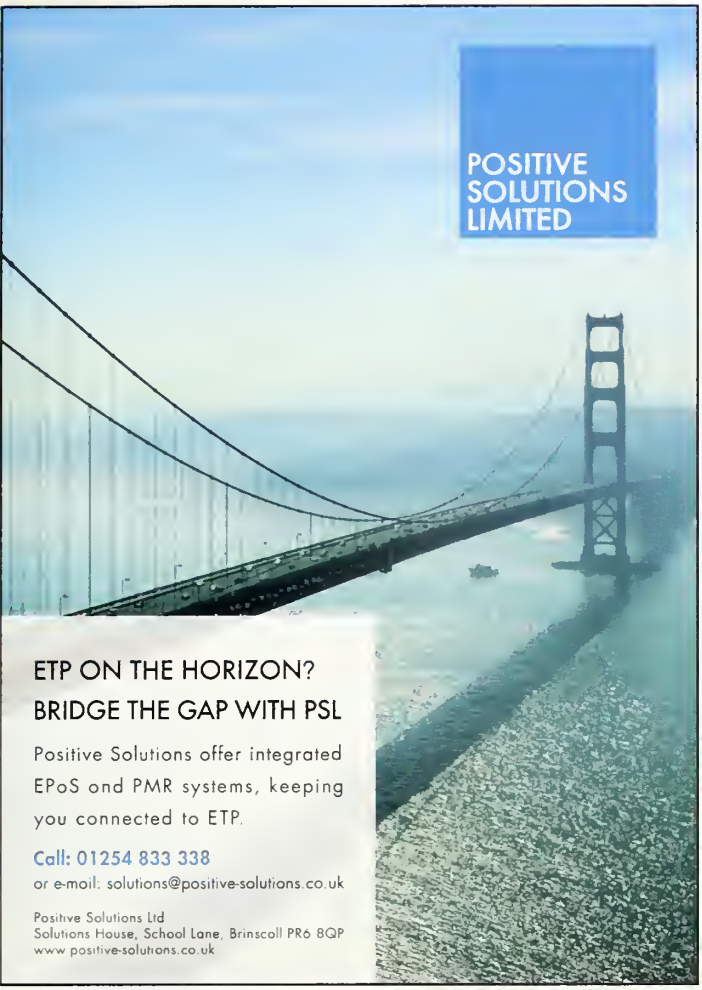

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Hamilton has his heart set on trek to Everest base camp

Pre-reg pharmacist to raise money for British Heart Foundation

A pre-reg pharmacist will be swapping Kirkintilloch for Kathmandu when he embarks on a charity trek in the Himalayas.

Peter Hamilton, who works at the Co-operative Group's pharmacy in Cowgate, Kirkintilloch, is hoping to raise more than £3,000 by climbing 6,000m to Everest base camp.

The money raised, including sponsorship from Mr Hamilton's colleagues and customers, and a donation from Co-op Pharmacy, will go to the British Heart Foundation.

The 18-day trek takes place in February next year. Meanwhile Mr Hamilton says he is going to the gym regularly and getting as fit as he can. "Raising money for the British Heart Foundation is really important," he says. "I've had relatives who have had heart disease, and every day I see people in the pharmacy who have heart problems."

Anyone who wishes to sponsor Mr Hamilton can do so at www.bhf.org.uk/sponsor/peterhamilton.

Lake District pharmacist scoops £500 in C+D internet survey prize draw

A pharmacist in the Lake District has won the £500 prize draw in C+D's Pharmacy and the Internet survey.

Ruth Gates, pharmacist at the Barrow-in-Furness branch of J N Murray, the family-run independent group of eight pharmacists in the North West, says she has never won anything before. But she has already bought a new sound system so that she can return the one she has had on loan from her dad for the past six months.

The pharmacy has broadband, which it uses to "find answers to the strange queries we get from customers" and for keeping up to date with pharmacy news.

Ms Gates also uses the internet at home to help with her CPD.

Six members of the RPSGB became Fellows of the Society at the AGM held in London on May 24. Pictured receiving their awards for distinction in the profession of pharmacy from RPSGB president Hemant Patel are Dorothy Anderson from Edinburgh (top) and Steven Williams from Nantwich, Cheshire (bottom). Professor James McElnay, of Belfast (middle) and Mahesh Sodha of Chelmsford, Essex received their awards for distinction in the practice and profession of pharmacy. Making up the half dozen were two overseas pharmacists, Professor George Lees from Dunedin, New Zealand and Dr Margaret Malone from New York, who received their awards for distinction in the science and practice of pharmacy.

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Further information is available at:
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